ADMINISTRATION

POLICY

MANUAL

TESSIE CLEVELAND COMMUNITY SERVICES CORPORATION
ADMINISTRATION POLICY MANUAL

1	SECTION 1 BOARD OF DIRECTORS
2	SECTION 2 GENERAL
3	SECTION 3 HUMAN RESOURCES
4	SECTION 4 FINANCE
5	SECTION 5 PAYROLL
6	SECTION 6 CONTINUOUS QUALITY IMPROVEMENT
7	SECTION 7 RISK MANAGEMENT
8	SECTION 8 TRAINING
9	SECTION 9 ADMINISTRATIVE SERVICE ENVIRONMENT
	FUNCTIONAL DOCUMENTATION

Tessie Cleveland Community Services

ADMINISTRATION POLICY MANUAL

TABLE OF CONTENT

		Effective/Revision Date
PREAMBLE		
SECTION 1 – BOARD OF DIRECTORS		
1.01	Audit Committee	February 1, 2009
1.02	Nepotism	February 1, 2009
1.03	Whistleblower	June 18, 2011
1.04	Conflict of Interest	June 15, 2011
SECTION 2 – GENERAL		
2.01	Insubordination	April 15, 2009
2.02	Contractors, Subcontracts, and Service Agreements	June 7, 2011
2.03	Fundraising	April 15, 2009
2.04	Harassment	April 15, 2009
2.05	Policy Development	September 14, 2021
2.06	Electronic Security & Storage	June 18, 2011
2.07	Solicitation/Trespassing	April 15, 2009
2.08	Information Systems Usage	April 15, 2009
2.09	Workplace Violence	April 15, 2009
2.10	Data Collection and Use	June 18, 2011
2.11	Electronic Data Disposal	June 1, 2011
2.12	System Outage	June 1, 2011
2.13	Remote Access	September 6, 2013
SECTION 3 – HUMAN RESOURCES		
3.01	Disciplinary Action	January 12, 2013
3.02	Employee Grievance	April 15, 2009
3.03	Human Resource Practices	April 15, 2009
3.04	Personnel Records	October 11, 2021
3.05	Recruitment, Selection and Deployment	April 15, 2009
3.06	Employee Insurance Allowance	January 1, 2014
3.07	Performance Evaluation	June 18, 2011
3.08	Dishonest/Falsification	April 15, 2009
3.09	Staff Satisfaction and Retention	April 15, 2009
3.10	Discrimination	October 11, 2021
3.11	Background and Reference Check	June 13, 2011
3.12	[*Policy archived]*	
3.13	Outside Employment	February 29, 2012
3.14	Obtaining Professional Licensure for Therapists	May 20, 2015

Tessie Cleveland Community Services

ADMINISTRATION POLICY MANUAL

TABLE OF CONTENT

		Effective/Revision Date
PREAMBLE		
3.15	Professional Licensure Program	July 1, 2013
3.16	Educational Assistance Program	July 1, 2013
3.17	License Renewal & Re-credentialing	November 5, 2020
3.18	Return to Work	May 15, 2020
3.19	Mandatory Vaccinations	October 4, 2021
3.20	Religious Accommodations	October 4, 2021
SECTION 4 – FINANCE		
4.01	Financial Internal Controls	April 15, 2009
4.02	Mileage Reimbursement	October 22, 2009
4.03	Expenditure Authorization/Check Request	April 15, 2009
4.04	Financial Planning – Budget Procedure	January 11, 2010
4.05	Procurement	April 15, 2009
4.05.1	Supply Ordering	August 1, 2019
4.06	Client Fees and Expenses	April 15, 2009
4.07	Employee Business Travel	July 1, 2009
Section 5 – PAYROLL		
5.01	Payroll Policy	April 15, 2009
5.02	Holiday Pay	April 15, 2009
5.03	Overtime	April 15, 2009
5.04	Sick Time Use and Reporting	April 15, 2009
5.05	Vacation Time Accrual and Use	April 15, 2009
5.06	Vacation Time Buy Back	April 15, 2009
5.07	Bereavement Leave	April 14, 2009
5.08	Attendance	May 15, 2009
5.09	Jury Duty	August 25, 2009
5.10	Cell Phone Cash Allowance	January 1, 2013
5.11	Bilingual Pay Stipend	September 14, 2021
SECTION 6 – CONTINUOUS QUALITY IMPROVEMENT		
6.01	Continuous Quality Improvement Policy	April 21, 2009
6.02	Case Record Reviews	April 15, 2009
SECTION 7 – RISK MANAGEMENT		
7.01	Legal and Regulatory Compliance	April 15, 2009
7.02	Risk Prevention	April 15, 2009

Tessie Cleveland Community Services

ADMINISTRATION POLICY MANUAL

TABLE OF CONTENT

		Effective/Revision Date
PREAMBLE		
7.03	Notification of Incidents, Claims or Suits	July 13, 2009
7.04	Insurance Protection	April 15, 2009
7.05	Loss Control Program	July 13, 2009
7.06	Unusual Occurrence	April 15, 2009
7.07	HIPAA Compliance	January 26, 2010
7.08	Health and Safety & Use of Facility	April 15, 2011
7.09	[*Policy archived]*	
7.10	Influenza Vaccination	August 14, 2013
7.11	Infection Prevention and Control Plan	November 10, 2019
7.12	Coronavirus (COVID-19)	May 15, 2020
SECTION 8 – TRAINING		
8.01	Training	June 1, 2011
8.02	Supervision	April 15, 2009
SECTION 9 – ADMINISTRATIVE SERVICE ENVIRONMENT		
9.01	Promotion of Health, Safety, and Security	April 15, 2009
9.02	Accessibility	April 15, 2009
9.03	Legal and Regulatory Compliance	April 15, 2009
9.04	Facility Maintenance	April 15, 2009
9.05	Tools and Equipment	April 15, 2009
9.06	Emergency Preparedness Plan & Forms	April 15, 2009
9.07	Smoking in TCCSC Facilities	April 15, 2009
9.08	Special Health Precautions	April 15, 2009
9.09	Contagious and Infectious Diseases	April 15, 2009
9.10	Health, Safety and Rights	April 15, 2009
9.11	Environmental Responsibility and Conservation	April 15, 2009
9.12	Utilities Management	June 18, 2011
9.13	Fire Safety and Prevention	June 18, 2011
9.14	Hazardous Material and Waste	June 18, 2011
9.15	Work Orders	April 25, 2017

FUNCTIONAL DOCUMENTATION

Code of Ethics

Code of Organizational Conduct

Payroll Handbook

SECTION 1

BOARD OF DIRECTORS

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: TCCSC Directors	**NUMBER: 1.01**
SUBJECT: Audit Committee	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: Board Audit Committee	**REVISION DATE: 12/31/2013**
Electronic File Location:	Page **1** of **2**

Purpose: IRS regulations require that non-profit organizations adhere to a standard procedure for financial audits to ensure safeguarding and verification of assets.

Policy: The Board of Directors shall establish an audit committee that will meet regularly to:

1. Review the organization's internal controls to address weaknesses and make recommendations for improvement.
2. Approve the engagement of an independent auditing firm to conduct an annual review of the agency's fiscal affairs as required by the law and/or contractual obligations.
3. Review fiscal audit findings and make recommendations to the Board.

Definitions: N/A

Procedures:

1. The Board of Directors appoints an audit committee with requisite qualifications.
    a. Committee members cannot serve as a top manager of the agency or receive compensation for professional consulting services.
    b. Committee members must be independent of management and the Board.
2. The audit committee meets regularly, no less than bi-annually.
3. The Executive Director or designee presents the internal control system and/or revisions to the audit committee.
    a. The audit committee reviews and approves the internal control system or requests clarification and/or revisions.
    b. The audit committee assesses what could go wrong and detective controls to address that (those) question(s).
4. The audit committee interviews and appoints an independent auditor to conduct and annual review of the agency's fiscal affairs.
    a. The auditor prepares annual financial statements in accordance with Generally Accepted Accounting Principles.
    b. The auditor presents findings and, if applicable, a management letter to the committee.
5. The report is approved by the audit committee within no more than 180 days of the end of the fiscal year.
6. The audit committee presents the report to the Board with recommendations to address any deficiencies at the next official meeting of the governing body.

DIVISION: TCCSC Directors	**NUMBER: 1.01**
SUBJECT: Audit Committee	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: Board Audit Committee	**REVISION DATE: 12/31/2013**
Electronic File Location:	Page **2** of **2**

7. The audit committee works in partnership with the Executive Director to promptly act on recommendations.
8. The Audit Committee reviews the IRS 990 annually and presents it to the Board.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 1.02**
SUBJECT: Nepotism	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: Board of Directors	**REVISION DATE: May 22, 2014**
Electronic File Location:	

Purpose: To ensure a stable qualified workforce through the prohibition of favoritism or preferential treatment regarding any and all personnel.

Policy: There will be no unjustified favoritism or treatment of employees or prospective employees. The hiring of relatives is permissible provided the prospective employees are qualified for the respective positions.

Definitions:

Nepotism – favoritism or preferential treatment shown by a person of authority to relatives especially in appointing such person(s) to highly-desired positions.

Favoritism or Preferential Treatment – granting unjustified advantage or priority to a person(s).

Relative – Spouse or equivalent, parents-in-law, ancestors, brothers and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren.

Procedures:

1. At the time of application for employment or promotion, Human Resources will ask all prospective candidates whether they have any relatives currently employed by TCCSC or currently a member of the Board of Directors.

2. If the applicant is related to an employee or Board member, the application will be forwarded to the Executive Officer or Board, for determination, in consult with supervisor, of acceptability for further review and processing by Human Resources.

3. Human Resources will accept or reject application as instructed by Executive Officer or Board.

4. Standard recruitment or promotion process will be completed and successful candidate appointed.

5. Neither relatives nor other potential candidates for employment will be discriminated against by the organization.

DIVISION: Administration	**NUMBER: 1.02**
SUBJECT: Nepotism	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: Board of Directors	**REVISION DATE: May 22, 2014**
Electronic File Location:	Page **2** of **2**

6. A relative may not directly report to a relative without Executive Director or Board of Directors approval.

7. Promotional opportunities will be made available to all based on qualifications and merit and not favoritism.

8. Benefits will be granted based on job classification and applicable labor laws.

9. Exceptions to this policy may only be granted by the Executive Director or Board of Directors.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 1.03**
SUBJECT: Whistleblower	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: Board of Directors/Executive Director	**REVISION DATE: June 18, 2011**
Electronic File Location:	

Purpose: TCCSC Code of Ethics and Code of Organizational Conduct ("Code") requires all directors, officers, employees, interns and volunteers of TCCSC; contractors; and accrediting agency personnel to observe high standards of business and personal ethics in the conduct of duties and responsibilities. Employees and representatives of TCCSC must practice honesty and integrity in fulfilling responsibilities and comply with all applicable laws and regulations. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within TCCSC prior to seeking resolution outside the organization.

Policy: No TCCSC director, officer, employee, intern, volunteer, contractor; or accrediting agency personnel, reporting, in good faith, a violation of the Code shall suffer harassment, retaliation or adverse consequence.

Procedure:

1. TCCSC's employees shall share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with someone in the Human Resources Department or anyone in management whom you are comfortable in approaching.
2. The Executive Director has identified a Compliance Officer.
3. Supervisors and managers are required to report suspected violations of the Code of Conduct to TCCSC's Compliance Officer, who has specific and exclusive responsibility to investigate all reported violations.
4. For suspected fraud, or when you are not satisfied or uncomfortable with following the TCCSC's open door policy, individuals should contact TCCSC's HR/Compliance Officer assistant directly.
5. TCCSC's HR/Compliance Officer is responsible for investigating and resolving all reported complaints and allegations concerning violations of the Code and, at his/her discretion, shall advise the Executive Director and/or designated Board of Director member. The HR/Compliance Officer has direct access to the board of directors and is required to report to the audit committee if there are any compliance issues.
6. TCCSC Board of Directors shall form an Audit Committee that will address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing. The HR/Compliance Officer shall immediately notify the audit committee of any such complaint and work with the committee until the matter is resolved.

7. Anyone filing a complaint concerning a violation or suspected violation of the Code must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation of the Code.
8. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.
9. Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.
10. The HR/Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within five business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

ATTACHMENTS

Attachment I Whistleblower Form

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 1.04**
SUBJECT: Conflict of Interest Policy	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 1, 2009**
TO BE PERFORMED BY: TCCSC Directors & Employees	**REVISION DATE: May 22, 2014**
Electronic File Location:	Page **1** of **6**

Purpose: The purpose of this conflict of interest policy is to provide clear guidelines to be followed in identifying and resolving conflict of interest issues, and to protect TCCSC's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Policy: A director shall perform the duties of a director, including duties as a member of any committee of the board upon which the director may serve, in good faith, in a manner that director believes to be in the best interests of the corporation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances.

Definitions:

1. Conflict of Interest – A conflict of Interest is present when, in the judgment of the appropriate governing board or committee, an interested person's stake in a financial interest is such that it reduces the likelihood that the interested person can act impartially in the best interests of TCCSC.

2. Interested Person – Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

3. Financial Interest - A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
    a. An ownership or investment interest in any entity with which TCCSC has a transaction or arrangement,
    b. A compensation arrangement with TCCSC or with any entity or individual with which TCCSC has a transaction or arrangement

c. A potential ownership or investment interest in, or compensation arrangement with any entity or individual with which TCCSC is negotiating a transaction or arrangement, or
d. Any other financial interest in a commitment, investment, relationship, obligation, or involvement of TCCSC that may influence a person's judgment.
e. A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

4. Compensation - includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

Procedures:

1. An interested person must promptly disclose the existence of the financial interest to the governing board and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists, taking into account such factors as:
   a. How close the relationship is between the interested person and the other entity involved in the proposed transaction,
   b. Whether the amount of the financial interest is trivial or minor relative to the overall financial situation of TCCSC, and
   c. The degree to which the interested person might benefit personally if the proposed transaction were approved.

3. The chairperson of the governing board shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
4. After exercising due diligence, the governing board or committee shall determine whether, under the circumstances, TCCSC can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
5. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is fair, reasonable, and in the TCCSC's best interest. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

Violations:

1. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.

2. If after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Records of Proceedings:

The minutes of any meeting of the governing board and all committees with board delegated powers pursuant to this policy shall contain:

1. The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest,

2. The nature of the financial interest and whether it was determined to constitute a conflict of interest,

3. The names of the persons who were present for discussions and votes relating to the transaction or arrangement,

4. The content of the discussion, including any alternatives to the proposed transaction or arrangement,

5. Any comparability data or other similar information obtained and relied upon in the meeting and how the information was obtained, and

6. A record of any votes taken in connection with the proceedings, including, if applicable, the terms of the transaction or arrangement that was approved and the date it was approved.

Compensation:

1. A voting member of the governing board who receives compensation, directly or indirectly, from TCCSC for services is precluded from voting on matters pertaining to that member's compensation.

2. A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from TCCSC for services is precluded from voting on matters pertaining to that member's compensation.

3. No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from TCCSC, either individually or

collectively, is prohibited from providing information to any committee regarding compensation.

Annual Statements:

Each board member, executive director, and member of a committee with governing board-delegated powers shall annually sign a statement that affirms such person:

1. Has received a copy of the conflicts of interest policy,
2. Has read and understands the policy,
3. Has agreed to comply with the policy, and
4. Understands TCCSC is charitable and in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more of its tax-exempt purposes.

Periodic Reviews:

To ensure TCCSC operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews, shall, at a minimum, include the following subjects:

1. Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining, and
2. Whether partnerships, joint ventures, and arrangements with management organizations conform to written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurnment, impermissible private benefit, or in an excess benefit transaction.

Use of Outside Experts:

When conducting the periodic reviews as provided for above, TCCSC may, but need Not, use outside advisors/auditors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Attachments: Acknowledgement and Financial Disclosure form

SECTION 2

GENERAL

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.01**
SUBJECT: Insubordination	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	

Purpose: Supervisory and management staff depend on employees to perform assigned tasks and duties in order for the agency to be effective. Employees who refuse to perform their duties create an uncomfortable and stressful environment for others.

Policy: Insubordination will not be tolerated.

Definition:

Insubordination - a willful failure to obey a supervisor or an employer's lawful orders. Insubordination may be active or passive. Inappropriate language can constitute insubordination.

Active insubordination - occurs when an employee specifically refuses a directive or states the intention to not follow a directive. This refusal is usually verbal. Active insubordination can be confrontational. It may involve threats or even assault.

Passive insubordination - occurs when the employee intentionally does not carry out the supervisor's directive, but there is no direct refusal.

Procedure:

1. Insubordination occurs when an:
    a. Employee was given a clearly expressed direct order or request to perform a task.
    b. The employee understood the order given.
    c. The order was reasonable and work-related.
    d. The order did not endanger the employee's health or safety.
    e. The order did not violate public policy.

2. Failure to carry out a lawful order to perform a valid work order will result in discipline up to and including termination.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.02**
SUBJECT: Contractors, Subcontractors, and Non-contractual Service Agreements	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 14, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE: June 7, 2011**
Electronic File Location:	

Purpose: To define the terms and conditions under which an independent contractor, appurtenant subcontractors and non-contractual service providers, may supply services, space or products to TCCSC.

Policy: TCCSC may procure the services, space, or products from an independent contractor with a formal contract, signed prior to commencement of services. Services only may be supplied by a non-contractual service provider with an agreement signed prior to commencement of services.

Definitions:

Contract – a formal written agreement between two or more parties that specifies the services, space, or products to be provided in exchange for consideration/compensation.

Contractor – One party to a contract that provides services (sometimes called a consultant), space, or products to another party of the contract for consideration/compensation.

Consultant – A person who provides specialized or technical advice or services to an organization for specific purposes on a contractual or fee basis.

Non-contractual service agreement – A collaboration with a provider to deliver specific services. Also known as a Memorandum of Understanding (MOU.)

Procedures:

1. A statement/scope of work for use of a contractor or service provider is prepared by the TCCSC supervisor (Supervisor), requiring the signature of the contract/consultant/service provider, and is approved by the Executive Director or COO.
2. A review of the marketplace is conducted and contractor(s)/provider(s) is interviewed and selected.
3. Sole source is justified when compelling reasons to do so are documented and approved by the CEO, COO or Board of Directors.
4. Contractor/supplier and CEO, COO or designee, develop and agree on a formal contract/service agreement using TCCSC standard format. Such contract/agreement specifies (at a minimum):
   a. The term of the contract/agreement
   b. Summary services and/or products/facilities to be provided
   c. Consideration/compensation

d. Addresses of notices/invoices
e. Contract/agreement change notice requirements
f. Statement of independent contractor status, if applicable
g. Non-assignment clause
h. Use of subcontractors stipulation, if necessary
i. Maintenance provisions, if necessary
j. Termination specifications
k. Appended complete statement/scope of work, and
l. Service agreements must also include:
    1. The goals and objectives of the collaboration
    2. Roles and responsibilities of each organization
    3. Procedures for sharing information
    4. Confidentiality protections including signed written consent forms
    5. Provisions for resolving communication difficulties

5. The formal contract/service agreement, signed by the independent contractor/service provider and the Executive Director or Chief Operations Officer (COO) of TCCSC, must be in place prior to the commencement of services or product/facilities delivery.
6. Signed copies of contracts/agreements are maintained by the Administration and Finance Division.
7. Contract/agreement compliance is monitored by the Supervisor and variances discussed with contractor/service provider. Contract/agreement is modified as needed. Contract/agreement may be suspended or discontinued consistent with contract/agreement terms and conditions.
8. Invoices will be submitted by the contractor/service provider by the tenth (10th) of the month following the services or product/facilities provided. Supporting documentation will include appropriate records: deliverables completed; time and attendance; billing rates, travel vouchers detailing purpose, time and location of travel; facilities; rentals; and/or products delivered. Payment will be issued in accordance with contractual/agreement terms.
9. Contractors, subcontractor(s) if needed, and service providers, are under no circumstances, to be considered employee(s) of either TCCSC or any of its funding agencies.
10. Ownership of all documents, files, electronic databases, systems, and/or other deliverables resulting from contract/agreement shall be the sole ownership of TCCSC unless otherwise expressly identified
11. The Supervisor or Manager overseeing the contract ensures adequate planning prior to contract termination to ensure continuity of care/services.
12. Independent contractors/service providers may not also serve as members of the Board of Directors Audit Committee.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.03**
SUBJECT: Fundraising	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure fundraising is done with integrity, honesty, truthfulness and adheres to the absolute obligation to safeguard the public trust.

Policy: Staunch ethical behavior will govern all TCCSC fundraising activities.

Procedures:

1. COO and/or EAA will ensure all solicitation and communication materials are accurate and correctly reflect the organizations' mission and use of solicited funds. Only materials approved by the CEO, COO and/or EAA will be used for fundraising purposes.
2. Staff will:
   a) Consult with the CEO or COO prior to soliciting donations to ensure materials are accurate and reflective of TCCSC's mission and values.
   b) Ensure donors receive informed, accurate and ethical advice about the value and tax implications of contributions (refer donor to a tax expert or CPA for any advice beyond acknowledging TCCSC ability to accept charitable donations.)
   c) Ensure proper stewardship of all revenue sources, including providing receipts, timely reports on the use and management of such funds.
   d) Notify management prior to accepting a donation.
   e) Ensure contributions are used in accordance with donors' intentions. If for whatever reason TCCSC is unable to honor the intentions, staff will notify the contributor of our inability to adhere and determine the appropriateness of retaining the donation.
   f) Obtain explicit consent by donors before altering the conditions of financial transactions; reconcile fundraising practices with the National Association of Fundraising Professionals (AFP.)
   g) Raise funds by individual solicitation from the general public, conducting fundraising activities in an ethical, fiscally responsible manner.
   h) Not engage in activities that harm the organization or donor.
   i) Not engage in activities that conflict with the fiduciary, ethical or legal obligations of the organization.
   j) Disclose all potential and actual conflicts of interest.
   k) Protect the confidentiality of all privileged information related to the donor.
   l) Adhere to the principle that all donor information created by, or on behalf of, the donor is the property of the donor and will not be transferred.

m) When stating fundraising results, use accurate method consistent with sound accounting practices.
n) Ensure that the public has access to accurate information of the organization's fundraising activities and results.

3. Executive staff will:
   a) Monitor and ensure the organization operates in an open and transparent manner in accordance with applicable legal requirements and uses assets exclusively and effectively to serve the purpose for which it has been created.
   b) Acknowledge donations in accordance with IRS regulations.
   c) Ensure that the public has access to clear, timely accurate information about the organization's programs, activities, service recipients, and finances.
   d) Assess reasonableness of costs to dollars raised including the differential costs of donor solicitation, donor renewal, large bequests and donations that obscure true fundraising costs.
   e) Ensure contributions are used in accordance with donors' intentions.
   f) Make sound fund development decisions.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.04**
SUBJECT: Harassment	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: Reduce the likelyhood of harassment which is harmful to individuals and creates an unpleasant working environment.

Policy: TCCSC personnel are prohibited from engaging in any form of harassment as defined by federal, state and local laws. No employee will suffer retaliation in any form for reporting instances of harassment.

Definitions:

Harassment – any behavior that threatens or torments another person; has the purpose or effect of creating an intimidating, hostile, or offensive work environment; has the purpose or effect of unreasonably interfering with an individual's work performance; that which otherwise unreasonably affects an individual's employment opportunities, and/or; may include slurs, comments, jokes, innuendoes, unwelcome compliments or advances, pictures, cartoons, pranks or other unwanted verbal or physical conduct.

Sexual Harassment – when the verbal and physical conduct described above is sexual in nature or is directed at a person due to gender. Sexual harassment exists in the workplace when submission to the conduct is either explicitly or implicitly a term or condition of employment or employment decisions and may include: unwelcome verbal behavior such as comments, suggestions, jokes or derogatory remarks based on sex; physical behavior such as pats, squeezes, repeatedly brushing against someone's body, or impending or blocking normal work movement; visual harassment such as posting of sexually suggestive or derogatory pictures, cartoons or drawings, even at one's work station; unwanted sexual advances, or pressure for sexual favors.

Procedures:

1. Employees will be advised of what harassment and sexual harassment is and TCCSC's policy during initial orientation. Employees will sign acknowledgement of such orientation and a copy will be maintained in the personnel folder.
2. Human Resources will provide training on harassment and sexual harassment to all supervisory staff on a bi-annual basis or as required by law.
3. Employees should immediately identify the offensive behavior to the harasser and request that the behavior cease without delay.
4. Should an employee be uncomfortable discussing the harassment with the harasser, or if the behavior does not stop, the employee should discuss the matter with the immediate supervisor. If this is not possible, or if the perceived harassment involves the immediate supervisor, the next level supervisor/manager should be contacted.

5. The supervisor will discuss the issue with Human Resources, immediately upon receiving a harassment complaint.
6. With guidance from Human Resources, the supervisor/manager will document the discussion; including recommendations, if needed, with a copy to the employee and Human Resources.
7. Should the employee remain unsatisfied with the supervisor/manager response, the employee should prepare a comprehensive, written request for review by Human Resources.
8. Human Resources will discuss the situation with the employee and recommend corrective action.
9. Human Resources will notify the COO and Executive Director immediately upon learning of a potential harassment incident and will keep the Executive Director informed of all preceding and findings.
10. Upon completion of the investigation, Human Resources will inform the involved employees of the findings and present a plan for corrective action.
11. Corrective action will be initiated by Human Resources and, depending on severity, may include termination of the harasser.
12. Should the employee(s) be unsatisfied with, or refuse to accept the corrective action, the employee(s) may request a meeting with the Executive Officer or Board of Directors.
13. When necessary, TCCSC will retain legal counsel to provide comprehensive information regarding applicable laws and advise the Executive Director and Board of Directors.
14. Human Resources will ensure recommendations of the Executive Director or Board of Directors are duly implemented and monitor compliance with such.
15. Human Resources will document all responses and actions taken, inform the employee, and maintain a copy of the resolution in the personnel record.
16. Any employee who has been found to have harassed another employee will be subject to appropriate corrective action, ranging from disciplinary warning to termination.
17. Retaliation of any kind, for the reporting of harassment, will not be tolerated and may result in disciplinary action, up to and including termination.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.05**
SUBJECT: Policy Development	
APPROVED BY: **Shronda Givens, LCSW**	**EFFECTIVE DATE: February 19, 2009** **REVISION DATE: September 14, 2021**
TO BE PERFORMED BY: Administrative Staff	
BOARD APPROVAL DATE: September 14, 2021	

Purpose: TCCSC's policies set forth rules and procedures to be followed to ensure adherence to regulatory and contractual requirements.

Policy: TCCSC's policies will adhere to a standard format and will be reviewed by the Policy Committee and approved by the Executive Director and Board of Directors.

Definitions:

Policy - clear, concise statements of the parameters by which an organization conducts its business. Policies are the rules that staff abide by as they carry out their various responsibilities.

Procedure – day-to-day instructions or steps to be followed to complete a task or do a job to adhere to the policy.

Procedures:

1. The need for a new or revised policy is identified.
2. The policy is created by an administrator or staff person who:
    a. Identifies principles, practices and/or rules that are to be communicated.
    b. Drafts the policy and ensures it:
        i. reflects the organization's mission and goals;
        ii. is expressed in a broad statement;
        iii. includes the Purpose ("why"), the Policy statement ("what - the "rule") and the Procedures ("how") to be followed. Definitions are optional and should be included when clarification of a term is needed;
        iv. addresses administrative and/or clinical issues;
        v. is clear and concise;
        vi. meets current regulations, laws and best practices (site law, regulations or codes of practice in the body of the Purpose statement or in the Procedure portion if necessary); and,
        vii. is in the proper format.
3. Forwards an electronic copy of the draft policy and pertinent information used to create it (i.e., contract requirements, law, regulations, etc.), via e-mail, as follows:
    a. Administrative, Board and operational policies to the COO.
    b. Patient care policies to the Clinical Director/Program Manager.
    c. Facilities and risk management to the Risk Manager (RM).

4. COO, CD/PM and/or RM reviews the document to ensure corrections are made when necessary, and forwards the draft policy and supporting documentation to Policy Committee.
5. Policy Committee reviews the policy to ensure it:
    a. reflects the organization's mission and goals;
    b. is expressed in a broad statement;
    c. includes the Purpose, Policy statement and procedures to be followed;
    d. addresses administrative and/or clinical issues;
    e. is clear and concise;
    f. meets current regulations, laws and best practices;,
    g. is in the proper format.
6. If acceptable, forwards to the Executive Director.
    a. If unacceptable, returns to creator for revisions.
7. Executive Director reviews.
    a. If acceptable, signs and returns to Policy Committee.
    b. If unacceptable, identifies issue(s) and returns to Policy Committee for revision.
        i. Policy Committee makes minor changes or returns the policy to creator for substantive revisions.
        ii. Once revisions are made, returns policy to the Executive Director for approval signature. Returns policy to Policy Committee.
8. Policy Committee assigns number and completes the Division and Subject portions of the policy document, completes the Board transmittal and submits to the Board Liaison for inclusion in the next board meeting agenda. The Board will review and approve all new policies and ones in which the policy statement changes.
9. Executive Director presents new and policies in which the policy statement changes to Board of Directors for review and approval.
10. Once approved, forwards fully executed electronic copy signed by the Executive Director and acknowledged by the Board of Directors to IT.
    a. Training Coordinator will work with the responsible manager who will train impacted staff.
11. IT Director files electronic copy of document into the Policy directory of the shared directory, in the location identified on the policy and files electronic final draft version on the shared directory in a secured folder with access limited to network administrator and his/her supervisor.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.06**
SUBJECT: Electronic Security and Storage	
APPROVED BY: Moses Cheswick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: IT Staff	**REVISION DATE: June 18, 2011**
Electronic File Location:	

Purpose: To ensure the security and protection of TCCSC's computerized confidential information.

Policy: TCCSC shall ensure electronic and printed information is protected against intentional and unintentional destruction or modification and unauthorized disclosure or use.

Definitions:

Confidential information - is protected information governed by law or contract. (e.g. Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA)) as well as any information/data that the County of Los Angeles deems as classified. This includes, but is not limited to, Social Security Numbers (SSN), credit card numbers, health and employment records, human subject data, User IDs, system passwords and all non-public information about clients and former clients.

Procedures: This section details steps that must be taken to protect and store confidential information.

1. Controlling Access
    a. Inventory and documentation must be kept of all systems that house confidential information.
    b. All documents containing confidential information must reside in a password protected location on the server.
    c. Computers, and servers, both physical and virtual housing confidential information on physical or virtual drives must have the data password protected.
    d. Access to confidential information on computers and/or servers must require a combination of a unique login and a secret password that is known only by the user.
    e. Access to confidential information on servers must be protected by NTFS file level permissions to only allow access to those authorized.
    f. Accounts and passwords must not be shared under any circumstances.
    g. Storage of confidential information on electronic media must be password protected.
    h. The perimeter of every site shall be protected by an enterprise grade firewall. The firewalls will constantly be updated and monitored.

2. Passwords
    a. All passwords used to access confidential information on any computer or server must meet the minimum password complexity standards set by policy Information System Usage 2.08.
3. Computer and Server Operation
    a. Computers and servers used to house confidential information must be kept up-to-date with the latest software security patches and antivirus software.
    b. The IT employee(s) responsible for the system should ensure that all industry standard procedures for information security have been followed, including changing default user names and accounts are password protected.
    c. All TCCSC computers will be whole drive encrypted with a strong password.
4. Logging and Monitoring
    a. All computers and servers housing confidential information must log user access.
    b. If confidential information is housed in a program capable of tracking user access, this logging must be used.
    c. Server password authentication as well as NTFS permission is be used when confidential information is housed in a program that is not capable of tracking user access.
5. Miscellaneous
    a. Transmission of confidential information must be done via a secure connection. A secure connection could be but not limited to encrypted connection, secure email or via analog phone fax line.
    b. If a 3rd party software is used as the vehicle of transmission (i.e. Video Conferencing Software). A BAA must be on file that the vendor meets or exceeds HIPAA, LA County or any other governing body's standards that need to be practiced by the agency.
    c. The IT Director will perform periodic audits to ensure all outlined security measures are in place.
    d. Storage of confidential information on digital media other than sever hard drives that do not meet these requirements is prohibited. The only digital media that is allowed to hold confidential information is a USB flash drive that is encrypted and issued by TCCSC I.T. with a strong password.
    e. All systems that house confidential information are subject to monitoring and audit by the Administrative Staff.

f. No confidential and legally protected information may be displayed in any public way.
g. Any computer that contains confidential information must have the electronic media wiped of all data before transferring, reallocating or retiring the computer. Data shall be wiped per TCCSC policy 2.11 Electronic data disposal.
h. Loss of confidential information through intrusion, theft, or loss of electronic media containing confidential information must be reported to the IT Director and Chief Operating Officer.
i. All access to electronic charts is granted to users after confidentiality oaths are signed. Users are assigned a unique user name, password and 2 Factor Authentication token generator that gives users a new 6-digit number to enter every 30 seconds before logging into the Clinitrak system.
j. Adherence to applicable standards where they are available to facilitate lawful and appropriate movement of information throughout the mental health services deliver system in support of; secure access to information by staff, continuity of care and simplification and streamlining of processes to improve convenience for clients and families and operational efficiency for providers and administrators.

6. Enforcement
    a. Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.07**
SUBJECT: Solicitation/Trespassing	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Employees	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To ensure employees and clients are not inconvenienced by others soliciting or encroaching and to adhere to laws and regulations against solicitation.

Policy: Solicitation and trespassing are strictly prohibited.

Definitions:

1. Solicitation is to:
    a. Seek to obtain by persuasion, entreaty, or formal application:
    b. Petition persistently; importune: *solicitation for donations for personal or non-agency related gain* including:
        i. Collecting money between employees
        ii. Collecting money from a client or client care-giver.
    c. Entice or incite to evil or illegal action.
    d. Approach or accost (a person) with an offer of sexual services.
    e. Distributing non-agency specific literature.
    f. Circulating petitions and/or non-agency related literature or products.

Procedures:

1. Employee(s) soliciting clients and/or client caregivers are subject to immediate dismissal.
2. Employee(s) who are aware of any act of solicitation committed by another employee must inform management immediately.
3. Violation of this policy and/or failure to report any violation of which an employee has knowledge may subject the employee to disciplinary action.
4. Trespassers and/or solicitors in any TCCSC site will be asked by Security to desist and/or remove themselves from the premises.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.08**
SUBJECT: Information Systems Usage	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All	**REVISION DATE: July 17, 2013**
Electronic File Location:	Page **1** of **15**

Purpose: It communicates to all TCCSC employees, volunteers, contractors and consultants their responsibility for acceptable use of TCCSC information technology resources. It includes rules in compliance with the **Health Insurance Portability and Accountability Act (HIPAA) Standards for Privacy of Individually Identifiable Health Information.** (45 CFR Parts 160 and 164)

Policy: This policy governs the use of Tessie Cleveland Community Services Corp. (TCCSC) information technology resources. By logging on to the computer system, the user acknowledges that he/she understands and accepts the terms and conditions of this policy.

Definitions:

User - as used throughout this policy/procedure document, is used broadly and refers to paid employees, students, volunteers, interns, consultants, contractors and other persons who access and uses TCCSC network and/or computing resources in the course of their work duties.

Social media - refers to the means of interactions among people in which they create, share, and exchange information and ideas in virtual communities and networks.

Digital / Analog Media - Any device that can store, record, transmit, copy, send, broadcast or receive digital (or analog) content

Procedures:

1.1 The scope of this policy includes all aspects of the networked computing environment for TCCSC, whether or not the equipment is physically or logically connected to the Company network (hereafter referred to as “TCCSC Network”). This includes all desktop and notebook computers as well as smart devices or any other networked device.

1.2 The TCCSC Network includes all servers and workstations or computing or network devices connected to it, via direct or remote connection. By extension and for the purpose of this policy, it also includes the Clinitrak system and other applications, databases web-based and internal that come into use.

1.3 Where it comes into conflict with other existing company policies in the area of information system usage, this document shall take precedence (unless the other policies contain higher levels of security and control requirement, in which case

the higher-level requirements supersede), until such time when the conflicting policies are reconciled.

1.4 The TCCSC Administration, managers, and coordinators of all areas shall carry out the enforcement of this policy where appropriate.

1.5 Failure to comply with this policy, in whole or in part is grounds for disciplinary actions, up to and including discharge.

ADMINISTRATIVE CONTROL

2.1 The IT Manager is the designated person with functional responsibilities for TCCSC Network security and control.

2.2 Training in areas of computing and security policies shall be provided to all users in appropriate forms (e.g., training sessions, manuals and other documents). Information Security/Cyber Security training will be provided to all new hires during orientation and annually thereafter.

2.3 Certain projects/programs within TCCSC, because of their sensitive nature, might require a higher level of security than this document specifies. Users may be required to sign other documents when performing tasks that demand higher levels of security.

2.4 All managers are responsible for enforcement of this policy in their respective departments. Managers are also responsible to review the security compliance in their respective units at least quarterly.

DATA SECURITY

3.1 DATA CLASSIFICATION

3.1.1 Protected Health Information (PHI) Protected Health Information (PHI) is defined as any information, alone or in combination that allows a mental health client to be uniquely identified. PHI is accessible only to specifically authorized users.

3.1.2 Internal Data Internal data is confidential information that does not contain PHI. Only authorized TCCSC and contract agency users may access internal data.

3.1.3 Public Data Public Data is information that can be accessed by the general public.

3.2.1 Network Storage

3.2.1.1 All users of networked workstations shall store PHI data in protected network folders that the COO designates.

3.2.1.2 The IT staff shall backup the network servers and data residing on designated network directories daily. Backups will kept on-premises as well as off site. Company and user data is replicate offsite in real time. Servers are backed up to an offsite location weekly. Server and data restoration should be able to go as far back as 2 weeks.

3.2.2 Local Storage

3.2.2.1 PHI shall not be stored locally (i.e., the hard drive of a desktop or notebook computer). Printing of hard copy of PHI requires approval of the user's manager. The hard copy shall be securely stored and/or put in a specially marked and secured destruction bin.

3.2.2.2 PHI shall not be stored on removable / portable digital or analog devices media capable of acting as a transport agent for digital information.

3.2.2.3 In the instance where PHI must be stored on notebook computers while not connected to the TCCSC Network, the hard drive on such computers shall be encrypted. The computer must have the lock screen on when unattended. The computer must be kept in a lock box when unattended. The computer must be in the proximity of the user at all times.

3.2.3 Access Auditing

3.2.3.1 Access to network stored PHI will be logged, including information such as user credentials, files accessed or modified, and timestamps of such access.

3.2.3.2 Access logs will be kept for 6 months, and monitored regularly by IT department.

PHYSICAL SECURITY

4.1 SERVER

4.1.1 All server equipment shall be located in a secure area, inside a secured building. Access to this area shall be controlled.

4.1.2 Any unauthorized access to the server area shall be reported to the IT Manger.

4.1.3 Transport of any equipment in or out of the server area required prior approval of the COO.

4.2 OTHER NETWORK EQUIPMENT

4.2.1 All firewalls, routers, switches and storage devices shall be located in a secured area, or in locked cabinets, inside a secured Company building. Only authorized personnel may have access to these areas/cabinets.

4.3 WORKSTATIONS

4.3.1 Workstations are defined as all desktop and notebook computers and other data devices, whether connected to the TCCSC Network or not.

4.3.2 All workstations and related components (e.g., monitor, printer, scanner, external storage devices, etc.) shall be secured.

4.3.3 Computer equipment casing shall not be opened; staff from the TCCSC IT Department must perform hardware repairs and upgrades.

4.3.4 Personal equipment (including computers and peripherals) are not permitted on the TCCSC Network unless authorized by the IT Manager or COO.

LOGICAL SECURITY

5.1 NETWORK SECURITY

5.1.1 Network Access

5.1.1.1 Network Access Authorization Access to network resources must be specifically requested and granted based on the user's business need.

5.1.1.2 Procedure for Requesting Network Access Persons wishing network access must make their request by having their manager or HR submit an email to the IT Manager for adding, deleting and changing user access and/or privileges or requesting the creation of a data folder.

5.1.1.3 Network Access Termination User's Access to all network resources will be immediately terminated upon end of relationship with TCCSC. Change in relationship must be communicated promptly to IT department.

5.1.2 User Passwords

5.1.2.1 Network Password A network password allows the user access to predefined network resources such as the user's specific data directory on the server. In addition to ensuring authorized access, the use of a network password creates a method for audit. Each user is responsible for any activity carried out under the user's credential (User ID and password). To ensure

accountability, individual users shall not share network passwords with anyone (including the user's supervisor).

5.1.3 Other Passwords Applications, both commercial and those developed in-house, may provide password protection to specific resources or data. Users shall treat such passwords the same as the Network Password.

5.1.4 Account Policy: The TCCSC Network account policy is implemented via the Microsoft Windows Active Directory Domain system. It is defined as follows:

5.1.4.1 Passwords must be changed: 90 days

5.1.4.2 User ID algorithm is the user's full first name and first initial of last name (middle initial if necessary). Official name on record with Human Resources will be used to determine the User ID, in most instances.

5.1.4.3 Minimum Password Length: 15 characters

5.1.4.4 Passwords must include three of the following four conditions: uppercase letter, lowercase letter, number, and/or symbols.

5.1.4.5 Account lockout after three (3) unsuccessful attempts.

5.1.4.6 After the lockout, user must contact the Help Desk to have it reset @ X7777 or by sending an email to support@tccsc.org.

5.1.4.7 Connection will expire after logon hours expire. Logon hours are based on need.

5.1.5 Remote Access Remote access to any TCCSC information system resources must be via COO approved channels. Users are responsible for trouble-shooting and resolving remote access issues not related to TCCSC's computing resources.

5.1.6 Remote Access All users who are granted remote access privileges shall abide by the procedures in the Remote Access Policy, Policy 2.13.

5.1.7 Control and Change Managers and Coordinators shall submit an email to the IT Manager for adding, deleting and changing user access and/or privileges or requesting the creation of a data folder.

E-MAIL USAGE

6.1 Authorization

6.1.1 E-mail services are provided to all authorized TCCSC staff. Authorization is granted along with the user's network access.

6.1.2 E-mail services are provided for Company-related business needs only.

6.1.3 All users are responsible for the regular maintenance of their e-mail account, which includes purging and archiving e-mail messages to ensure the mailbox has enough space to receive messages.

6.2 E-mail messages and their attachments are the property of the Company and not private communications, whether created or received, and may be subject to review by the Company at any time.

6.3 User may use e-mail to communicate with persons in other entities so long as the communication meets professional standards of conduct and when such communication is related to legitimate business activities.

6.4 All users are responsible to report observed inappropriate use of e-mail (as defined in this policy).

6.5 Unencrypted E-mail communication shall not contain any Protected Health Information (PHI) as defined in Section 3.1.1 of this policy. User can use the Company provided email encryption software to send PHI as written in section 6.15.

6.6 Upon request of the TCCSC COO or IT Manager, TCCSC may access any user's electronic mail.

6.6.1 The above notwithstanding, the Company will **not** routinely monitor individual user's e-mail and will take reasonable precautions to protect the privacy of e-mail. Accordingly, supervisory and management staff may access an authorized user's e-mail when TCCSC operations require it (for example, when the employee is on vacation or otherwise absent from work).

6.6.2 IT staff may access a user's e-mail to diagnose and resolve technical problems involving system hardware, software or communications.

6.6.3 Except as noted above, a staff member is prohibited from accessing another user's e-mail without his/her permission.

6.6.4 E-mail messages may be retrieved by the Company (including messages deleted by users). Such messages may be used in disciplinary actions. The contents of e-mail will not be accessed or disclosed other than for investigative or security purposes, or as required by law.

6.7 Employees **may not** use e-mail for transmission of the following information:

6.7.1 Discrimination on the basis of race, creed, color, gender, religion, disability or sexual preference.

6.7.2 Sexual or other forms of harassment or threats. This includes the display or transmission of sexually explicit images and text as well as the use of racial epithets or ethnic slurs.

6.7.3 Copyright infringement.

6.7.4 Personal political or religious beliefs.

6.7.5 Personal business interests, including any activities such as sales, consulting for pay, moonlighting, etc.

6.7.6 Anonymous e-mail, or e-mail which impersonates or claims to be another individual.

6.7.7 Chain letters.

6.7.8 Spamming (e-mail to large numbers of people that contain unwanted solicitations or information).

6.7.9 Any messages or attachments that can adversely affect network performance (because of large size, etc.). Often it is better to distribute such information via the TCCSC Intranet or a network folder. Users who are uncertain about whether particular information should be distributed by e-mail should contact the Help Desk.

6.7.10 Obscene language.

6.7.11 Virus alert. Users who suspect an e-mail contains a virus should contact the Help Desk. The only individuals who are authorized to broadcast warnings about viruses to the rest of the Company are Executive Staff or IT staff.

6.7.12 Any other information that would jeopardize the legitimate interests of the Company.

6.7.13 Any unlawful, malicious or political activity.

6.8 To access e-mail, a user shall supply his/her network credential (User ID and password) either as part of the logon process to the TCCSC network or to OWA (Outlook Web Access).

6.9 The content and maintenance of a user's electronic mailbox are the user's responsibility. The content and maintenance of a user's disk storage area are the user's responsibility. All users must regularly purge or archive outdated messages. All users must make sure their mailboxes have space to receive messages.

6.10 Directories of employee e-mail addresses shall not be made available for public access.

6.11 TCCSC may deem certain e-mail messages and/or their attachments business records. Such messages and attachments shall be retained as required by the Company's record retention policies.

6.11.1 Users shall retain all such messages and attachments, either as paper records or electronic file copies, in an existing filing system **outside the e-mail system** for as long as operational, legal, audit, research or other requirements dictate.

6.11.2 Users shall dispose of records in the e-mail system only after they have been filed in a record keeping system.

6.12 Protection Against Computer Viruses

6.12.1 Users shall not open e-mail messages, and particularly any attachment inside messages, if they suspect a virus might be present. Contact the Help Desk for directions.

6.12.2 IT staff will make every attempt to notify all users of any viruses or worms that have infected e-mail messages. Upon such notification, all users shall completely delete the messages identified in the notification. In Microsoft Outlook, deleting completely requires deleting them from the Deleted Items folder as well as from the Inbox.

6.12.3 If you suspect an e-mail contains a virus, do not attempt to send out an alert. Instead, contact the Help Desk. The only individuals who are to broadcast warnings about viruses to the rest of the Company are Executive Staff or IT staff.

6.13 Investigation of Suspected or Demonstrated Inappropriate E-Mail Usage

6.13.1 Inappropriate e-mail usage by a user reported to the IT Manager or management shall be investigated promptly. The COO may take either or both of the following actions as appropriate:

6.13.1.1 Ask the employee how this e-mail message is related to Company business.

6.13.1.2 Review the e-mail message(s) and attachments involved.

6.13.2 If the investigation does not substantiate the report of inappropriate e-mail usage, the COO shall stop the investigation immediately, advise the employee and take no further action.

6.13.3 If the COO deems the e-mail message to be inappropriate for any reason, the COO shall ascertain if there are/were any other known e-mail offenses by this employee.

6.13.3.1 Disciplinary actions, if any, will be in accordance with relevant Company regulations and civil service regulations.

6.13.3.2 If the COO determines that the employee's e-mail access privileges are to be suspended or revoked, the COO shall promptly notify the IT Manager of such determination.

6.14 The IT Manager shall suspend/revoke e-mail access immediately upon being notified of the determination by the employee's Program Coordinator or the COO. The e-mail account will remain closed until the matter is resolved.

ENCRYPTED EMAIL

6.15 Encrypted Email: TCCSC Staff can send PHI or other classified documents like court or county documents using TCCSCs email encryption software. Confidential documents will also pertain to TCCSC employee data, financial data, proprietary data, legal data as well as other information deemed confidential by the sender or TCCSC. TCCSC uses email encryption software that complies with HIPAA standards for transmitting PHI.

6.15.1 Sent to outside recipient: All TCCSC Staff have been provided the means to send PHI and classified documents to outside recipients. It is company policy that PHI as well as confidential information / documents are sent using email encryption software.

6.15.2 Sent interoffice: All TCCSC Staff have been provided the means to send PHI and classified documents to interoffice recipients. It is company policy that PHI as well as confidential information / documents are sent using email encryption software. Other documents like proprietary

data as well as information deemed safe for interoffice correspondence can be sent via our Exchange server without encryption

6.15.3 On mobile device: TCCSC recognizes that most clinical staff are on the move between our offices and seeing patients at their locations. Clinical staff are allowed to use the email encryption software mobile app to read and send email encrypted on their mobile devices.

Teleconference / Telepsychiatry

7.1 Telepsychiatry (teleconference between patient and doctor) - TCCSC has taken every precaution to protect the confidentiality of our patients PHI. TCCSC uses HIPAA compliant teleconferencing software to communicate between doctor and patient. The doctors and patients meet behind closed doors in respective offices. Sessions are never recorded. Sessions are immediately terminated on both ends at end. Computers are shutdown or locked after session.

7.2 Clinical Meetings (teleconference between two or more clinical staff members in more than one location). – TCCSC has taken every precaution to protect the confidentiality of our patients when PHI may be discussed by TCCSC therapists. This is done over the same encrypted teleconference system that is used for Telepsychiatry. All clinicians are behind closed doors in their respective locations. Loudness is tested to make sure that sound does not bleed into common or waiting areas. PHI is never written down. Sessions are never recorded. Sessions are ended immediately after completion.

7.3 All staff and ancillary staff meetings. At these meetings no confidential patient information is ever discussed. The most sensitive information would be proprietary company information such as direction, growth, etc. These meetings use the same highly encrypted and protected teleconference system. These meetings are usually between conference rooms and not as physically protected as the first two. There is no policy on open doors or sound.

WEB and SOCIAL MEDIA USAGE

8.1 Standard

8.1.1 Never post client information or discuss clients on line, by name or insinuation.

8.1.2 When engaged in in social media, do not post confidential agency information.

8.1.3 Do not have unauthorized exposure or converse with a client or care giver in a social media setting.

8.1.5 Do not mention coworkers by name or insinuation, even if that person has since left the company.

8.1.6 Do not make defamatory comments about a client, coworker or the agency when involved in social media.

8.1.7 Do not use the agency logo when corresponding on social media without the agency's express written authorization.

8.1.8 Do not use copy written material while on line when using company equipment or network, without express authorization of the author.

8.18 Do not violate any laws when involved in social media at any time.

8.1.9 Do not transmit unsolicited offers, advertising or chain letters to coworkers or clients through social media at work or while using company equipment.

8.1.10 Do not connect with anyone, if there may be a conflict of interest with your position at TCCSC.

COMMERCIAL SOFTWARE

9.1 Standard

9.1.1 The TCCSC approved list of commercial application software is what IT installs on a server, computer or any TCCSC device.

9.1.2 The installation of any other software requires the approval of the COO or IT. Users or units must submit a written request with justification to the COO.

9.13 If non-standard software interferes with network security or the functions of the operating system, standard software or any hardware component, the non-standard software will be removed.

9.14 TCCSC provides unified communications software which includes encrypted instant messaging and is the only messenging program that is approved for company business. Other instant messaging and peer-to-peer file sharing software are strictly prohibited.

9.15 Any software that bypasses the TCCSC network security perimeter control without specific authorization is strictly prohibited.

9.2 Copyright Compliance

9.2.1 TCCSC holds license agreements with makers of standard software. To comply with the license requirements, only authorized staff from the Company are allowed to perform installations or upgrades.

9.2.2 Users of non-standard software (see Section 9.1) are responsible for copyright compliance.

9.2.3 Unauthorized copying and installation of any software are violations of Federal law. Removal or moving of software might be a violation of the license agreement.

9.3 Application Software Developed by TCCSC

9.3.1 All software developed by TCCSC, whether internally or by contracted entities is considered to be the property of TCCSC.

9.3.2 Software development must follow standard industry guidelines.

9.3.3 All software, prior to being put into production, requires review and approval by the COO.

DIVISION: Administration	**NUMBER: 2.08**
SUBJECT: Information Systems Usage	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All	**REVISION DATE: July 17, 2013**
Electronic File Location:	Page **15** of **15**

AUTHORITY

Internal Controls of Tessie Cleveland Community Services Corp (TCCSC)

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.09**
SUBJECT: Workplace Violence	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All	**REVISION DATE:**
Electronic File Location:	Page **1** of **4**

Purpose: To provide a workplace free from violence by establishing preventative measures, holding perpetrators of violence accountable and by providing assistance and support to victims. Committing violent acts, whether on-duty or off-duty, has the potential to impact an employee's ability to perform their job. The expectation is that each employee will treat all other employees, as well as customers and potential customers of TCCSC, with dignity and respect. You can and should expect management to care about your safety and to provide as safe a working environment as possible by having preventive measures in place and, if necessary, by dealing immediately with threatening or potentially violent situations which occur.

Policy: TCCSC has a zero tolerance rule against violence and/or threats of violence in the workplace. All reports of violence and threats of violence will be taken seriously and dealt with appropriately.

Definitions:

Workforce Violence - includes, but is not limited to, intimidation, bullying, stalking, threats, physical attack, domestic violence or property damage and includes acts of violence committed by TCCSC employees, clients, customers, relatives, acquaintances or strangers against employees, clients, customers, relatives, acquaintances or strangers in the workplace.

Intimidation **-** engaging in actions that includes but is not limited to behavior intended to frighten, coerce, or induce duress.

Bullying **-** unwanted offensive and malicious behavior which undermines an individual or group through persistently negative attacks. There is typically an element of vindictiveness and the behavior is calculated to undermine, patronize, humiliate, intimidate or demean the recipient.

Stalking **-** involves harassing or pestering an individual, in person, in writing, by telephone or electronic format. Stalking also involves following an individual, spying on them, alarming the recipient or causing them distress and may involve violence or the fear of violence**.**

Threat - the expression of intent to cause physical or mental harm. An expression constitutes a threat without regard to whether the party communicating the threat has the present ability to carry it out and without regard to whether the expression is contingent, conditional or future.

Physical Attack - unwanted or hostile physical contact such as hitting, fighting, pushing, shoving or throwing objects.

Domestic Violence - use of abusive or violent behavior, including threats and intimidation, between people who have an ongoing or prior intimate relationship. This could include people who are married, live together or date or who have been married, lived together or dated.

Property Damage - intentional damage to property and includes property owned by TCCSC, its clients, customers, visitors and vendors.

Procedures:

1. HR will provide and review the Workplace Violence policy with employees during orientation.
    a. Safety training will be provided each employee.
        i. They will learn what conduct is not acceptable.
        ii. What to do if they witness or are subject to workplace violence and how to protect themselves.
        iii. Who to notify and how to contact local law enforcement, fire and other safety and security personnel.
        iv. To recognize, avoid or diffuse potentially violent situations.
    b. Employee(s) may not possess a weapon(s), unless permitted by law and the TCCSC Executive Director to do so.
2. Security guard(s) on TCCSC sites, accessible to the public, will monitor installed video surveillance cameras, ensure outdoor lighting and an alarm systems are operational, the building and premises are secure, and there is minimal access by outsiders.
    a. Employees must sign in and out at the Security desk.
    b. Employees must have the official TCCSC identification badge visible at all times while conducting TCCSC business.
    c. Employees must immediately report strangers in the building or loitering on the grounds to Security.
        i. Do not confront strangers or persons displaying threatening or erratic behavior – call Security, if on premises, or the law enforcement.
    d. Employees are to immediately alert supervisor or Security of any concerns about safety or security.
    e. Security guards are to patrol the facility and grounds on a regular basis.
3. Employees are to provide supervisor with a daily work schedule and keep a contact person informed of their location throughout the day.

   a. During a home visit or in the field, an employee should use judgment and refuse to provide services in a clearly hazardous or threatening situation.
4. If an act of violence occurs in a work location, during business hours, employee will summon Security.
   a. Security will attempt to abate the incidence or call 911 for assistance.
   b. If an employee witnesses an act of violence in progress, employee should use judgment to determine if the potential harm warrants calling the police immediately.
2. Employee will report all acts of violence to the supervisor or management immediately upon occurrence or as soon as possible thereafter.
   a. If bodily harm has occurred, employee should first seek medical assistance and report the incident thereafter.
   b. Reporting must be done within 24 hours of the event.
3. Supervisor will complete an incident report and forward it to the Executive Director.
   a. If someone has been bodily harmed, the supervisor will discuss the incident with the Executive Director immediately.
4. Executive Director will review the incident with the supervisor and/or employee(s) and will forward a copy of the incident form to the Risk Manager.
5. The Risk Manager and/or Executive Director will investigate all reports of violence and threats of violence.
   a. Legal counsel will be sought if deemed necessary.
   b. Risk Manager will complete a report and make recommendations to Executive Director, including steps to mitigate future occurrences.
      i. Executive Director will provide report to Board and implement adopted recommendations.
   c. If employee initiated violence, HR will be notified.
      i. Employee(s) will be immediately terminated.
         1. Both the employee(s) initiating incident and retaliating employee(s) will be terminated.
         2. An act of off-duty violence may also be grounds for disciplinary action, up to and including dismissal.
      ii. If unfounded, HR, Executive Director and employee will be notified and will include recommended follow-up action/steps.
6. Risk Manager will monitor for trends and implement corrective action.
   a. Encourage employees to share information about ways to avoid similar situations in the future.
   b. Offer stress debriefing sessions and post-traumatic counseling services to help employees recover from violent incidents.

7. Supervisors will monitor employee adherence to safety and security policies and reflect performance in an annual evaluation.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.10**
SUBJECT: Data Collection and Use	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure the timely, accurate collection of all data necessary to the provision of quality client care; the continuous quality improvement process; the operation of TCCSC; in support of compliance with regulatory and accrediting agency laws, rules, and regulations; and in support of the mission of TCCSC.

Policy: TCCSC collects, records, analyzes, and reports data necessary to ensure organizational integrity and viability; and, to maintain and improve quality services to clients.

Definitions:

Data refers to the qualitative or quantitative attributes of a variable that are typically the result of a measurement. Data are often viewed as the lowest level of abstraction from which information and knowledge are derived.

Raw data are a collection of unprocessed numbers, characters, or images.

Data collection is the structured, systematic and scientific process of preparing and collecting data that forms the foundation for performance improvement.

Data preparation is the process of logging data; verifying data for accuracy; entering the data into the collection tool/hardware/software/database; and transforming the data into analytical form for use.

Statistical survey is a systematic method used to collect information from individuals (e.g. clients, families, caregivers, employees, Board members, community, stakeholders).

Data analysis is a process of cleaning, transforming and modeling data; identifying trends, patterns and levels of goal satisfaction; for use in identifying the need for positive change.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.10**
SUBJECT: Data Collection and Use	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **2** of **2**

Procedures:

1) The Board of Directors sets direction for data collection by developing and approving annual updates to the agency's Strategic Plan and Balanced Scorecard thus establishing annual priorities.
2) TCCSC Administrative Management Team sets operational definitions, procedures, and frequency for data collection.
3) Data required for contractual requirements and supporting operational effectiveness are collected by the impacted operational unit and reported to management as required by contract or assignment.
4) See data security requirements in Administrative Policies 2.06 - Electronic Security and Storage and 2.08 Information System Usage.
5) Processed data and analytical findings are reported to:
   a) Board of Directors
   b) Management Team
   c) CQI Committee
   d) Stakeholders
   e) Others as required and/or directed
6) Implement resultant change, as needed, based on feed-back from areas authorized to received data and/or management.
   a) Action is taken to improve processes based on the cyclical collection and analysis of data.

Referenced policies:

2.06 Electronic Security and Storage
2.08 Information System Usage

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.11**
SUBJECT: Electronic Data Disposal	
APPROVED BY: Moses Cheatwood	**EFFECTIVE DATE: June 1, 2011**
TO BE PERFORMED BY: All IT Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: Minimize the likelihood that sensitive or confidential information is inadvertently disclosed.

Policy: Stationary storage devices such as servers, computers, storage arrays, NAS /SAN, hard drives, CDR/DVDR, as well as backup media and any other device or method or technology that is capable of recording, transmitting and storing digital or analog data, containing but not limited to PHI, EHR, Financial Data or Employee Data must be sanitized to meet HIPAA Device and Media Controls – Standard, Disposal (R) – *§ 164.310(d)(2)(i)* compliance prior to hardware transfer, disposal or surplus.

Reference:

HIPAA Device and Media Controls – Standard, Disposal (R) – *§ 164.310(d)(2)(i)*

Objectives:

1. Ensure access to data resources is limited to authorized persons.
2. Define responsibilities for protecting and disposing of data resources and media.
3. Promote the safeguarding of data managed and handled by the Organization such that the type of security is commensurate with the value and sensitivity of the resources.
4. Ensure employees responsible for data disposal understand disposal requirements and take appropriate action.
5. Eliminate potential liability for data compromises or loss.

Scope:

The scope of this policy includes all computers and devices that are capable of storing analog or digital data that are used to store Organizational data.

Procedures:

As prescribed by the Office for Civil Rights (OCR)

1. Develop, implement and maintain policy and standards for sanitizing or removing data from electronic storage devices.

2. Promote awareness of the requirements for data disposal. Stay informed of current technology and compliant disposal methods.

Agency internal procedures

1. Ensure Electronic Data Disposal policy and standards are implemented and enforced.
2. Implement agency processes and procedures in support of Organization Electronic Data Disposal policy.
3. Refrain from implementing Organization procedures, processes or practices that would inadvertently disclose sensitive or confidential data.
4. Sanitize all Organization-owned or managed electronic data, on OIR and organization maintained systems and disposable storage media in accordance with HIPAA and standards.

   4.1 All endpoints accessing and/or storing PHI will be rendered unreadable and/or unrecoverable, prior to disposition.
5. If cloud storage is used have a BAA and or contract with the vender to make sure that they are HIPAA compliant in their storage and disposal of data.
6. Only the COO can requisition confidential media to be destroyed. Only high level IT personnel can flag and destroy the media.
7. Media that is to be refreshed into another system and had PHI or other confidential information on it can only be moved to another safeguarded device that contains the same level of protection.
8. Removable media can only be handled by those with the authority to use that information. Removable media must be in the possession of that authority at all times until the data is destroyed.

Individual users/clients

1. Adhere to HIPAA and/or Organization data disposal policy, standards, procedures and guidelines.
2. Wipe or destroy electronic data on agency maintained systems and disposable storage media in accordance with HIPAA policy, standards, procedures and guidelines.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.12**
SUBJECT: System Outage	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 1, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: The intention of this policy is to communicate procedures for performing service functions during planned or unplanned system outages.

Policy: Planned system outages will be scheduled to minimize the impact on the organizations. Unplanned outages will be resolved as quickly as possible and staff will be advised of alternate means for managing data/voice.

Definitions: *System* Outage - is defined as a planned or unplanned event by which all or part of the electronic storage systems is not accessible.

Major System Outage – unplanned unavailability of mission critical voice/data systems in excess of 24 hours.

Procedures: This section details steps that must be taken in the event of a system outage. This procedure will be followed whether the system outage is scheduled or unscheduled.

1.1 At the time of outage, the I.T. Department will determine the severity of the situation and establish whether it is an internal issue or an outlying issue.

1.2 The I.T. Department will take all necessary actions to insure the system is restored as timely as is possible.

1.3 In the event of data corruption or loss, the I.T. Department will take all necessary steps to restore from backups as per the Data Backup Procedures outlined in TCCSC RPM Policy.

1.4 All administrative and clinical staff will resort to paper procedures as per standard TCCSC Policy.

Training:

2.1 I.T. Staff will be trained and tested on competence as per standard training policies. The I.T. Committee will conduct a post outage review for major unplanned system outages to test the effectiveness of this plan.

2.2 Personnel will be trained on system specific alternate means of managing data/voice.

Miscellaneous

3.1 I.T Director shall immediately report to the Executive Director and other appropriate authorities, if it is suspected that the outage is due to intrusion, sabotage, or theft.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 2.13**
SUBJECT: Information Systems Usage	
APPROVED BY: Moses Cheekwood	**EFFECTIVE DATE: September 6, 2013**
TO BE PERFORMED BY: All	
Electronic File Location:	Page **1** of **3**

Purpose: The purpose of this policy is to provide guidelines for remote access to Tessie Cleveland Community Services Corporation's Virtual Private Network (TCCSC-VPN) connection.

Scope: TCCSC's VPN gives authorized users access to shared documents and computer resources. Access is granted on a business-need basis only, with approval from the staff person's supervisor and the COO. This policy applies to all TCCSC employees, contractors, consultants, temporary employees and others, including all personnel affiliated with third parties, (herein known as VPN Users) accessing the TCCSC-VPN. This policy applies to implementations and technologies of VPN that are directed through various connectors.

Policy: Access to the VPN is strictly for TCCSC business purposes. All information maintained on and/or obtained from the TCCSC-VPN is property of TCCSC and is confidential. Users are subject to the same policies, procedures, rules and regulations of company owned equipment, TCCSC Confidentiality Agreement, TCCSC IT Usage Policy, TCCSC IT E-Security and Storage Policy as well as all other applicable TCCSC, County and HIPAA policies.

Procedures:

1. Employee completes VPN Access Request form and submits to supervisor for approval.

    a. Indicate whether need for time-limited, short-term connection (e.g., to work on a project) or there is an indefinite access need (to perform work that cannot be done during on-hours or to work remotely).

    b. Hourly employees accessing TCCSC-VPN *must adhere to TCCSC's overtime policy and cannot work more than eight (8) hour per work day or 40 hour work week without the expressed prior authorization of TCCSC Executive Director or Chief Operating Officer*. The overtime policy remains in effect and it is the employee's responsibility to ensure appropriate authorization is obtained in advance of working overtime.

    c. Salaried employees are not required to obtain authorization to work in excess of 8 hours per day.

2. IT Manager reviews, signs and sends request to the COO who will authorize the access.

3. Approved VPN Users and authorized third parties may utilize the benefits of VPN, which are a "user managed" service.

    a. The user is responsible for selecting an Internet Service Provider (ISP) to provide internet access to TCCSC, coordinating installation of connection with TCCSC IT, installing any required software (i.e., Microsoft Office) and paying associated fees.

    b. In some instances, TCCSC will provide software and/or a secure internet connection such as an air card if it is deemed by TCCSC the user needs it to perform his/her duties on the VPN.

4. It is the responsibility of the VPN user to ensure that unauthorized users are not allowed access to the TCCSC internal network. This means that their computer, once connected to the TCCSC VPN cannot be used by anyone except the VPN user.

5. VPN Users must have a personal firewall on their computer or home network at all times while connected to the TCCSC VPN. VPN users cannot access any other networks aside from their ISP's internet while connected to TCCSC VPN.

6. The VPN user must disconnect from the TCCSC-VPN, if away from their computer for more than 10 minutes.

    a. If leaving the computer for 10 minutes or more, lock the screen with a password protected login.

    b. Users will be forced off by the VPN server after 30 minutes of inactivity.

7. VPN Users must not be connected to the TCCSC VPN in a public hotspot.

    a. Although data passing between your computer and TCCSC is strongly encrypted, the ability of a hacker to get into your computer is usually not.

8. Computers of VPN users that are not company owned need to comply with the following:

a. An up-to-date antivirus program.

b. A screen that can be locked with a password.

c. VPN users cannot be downloading torrents or be on any P2P network while connected to TCCSC VPN.

9. IT Staff will install the VPN certificate and set up the connector with the User's name and domain.

    a. Passwords are confidential, are not saved on the connector by TCCSC and should not be shared by the VPN User.

10. IT Staff will provision the access to shares and devices as outlined in the approved request forms.

11. All users on the TCCSC network prior to getting VPN approval will be denied dial-in privileges in Active Directory.

12. By using the TCCSC VPN with personal equipment, the computer accessing TCCSC's domain is an extension of the Company's network and domain. Therefore, all security, confidentiality and data sharing policies must be adhered to.

13. Any employee found to have violated this policy is subject to disciplinary action, up to and including termination.

SECTION 3

HUMAN RESOURCES

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.01**
SUBJECT: Disciplinary Action	
APPROVED BY: Moses Cheswick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: Supervisory and Management Staff	**REVISION DATE: January 12, 2013**
Electronic File Location:	Page **1** of **3**

Purpose: To help and encourage all employees to achieve and maintain standards of conduct, attendance and job performance.

Policy: TCCSC utilizes a progressive disciplinary model where applicable. Each employee's actions will be considered on a case-by-case basis. Depending on the severity of the infraction, TCCSC reserves the right to combine or skip steps depending upon facts of each situation and the nature of the offense.

Practice: The following factors may be considered when determining the level of discipline required: whether this a reoccurring offense, whether counseling and/or training have been provided, the employee's work record, and the impact the conduct and performance issues have on the organization.

Procedure:
Unacceptable behavior or performance, which does not lead to immediate termination may be dealt with in the following manner:

Verbal Warning

Supervisor discusses with the employee regarding existing performance, conduct, attendance and/or violation of agency policies and procedures. Supervisor discusses expectations and corrective actions to be taken.

Documentation guidelines:

a. Document content of the discussion
b. Ask employee to sign a copy of the meeting notes/memo confirming employee has received, read, discussed and understood meeting notes/memo
c. Give employee a copy of meeting notes/memo
d. Place a copy of the meeting notes/memo in employee's file maintained by the manager/supervisor

Written Warning

A written warning involves a more formal documentation of performance, conduct, attendance, and/or violation of agency policies and procedures. When a written warning is issued, it becomes a part of the employee's permanent personnel record and is considered when evaluating an employee for promotion, transfer or additional discipline, up to and including termination. A written warning includes the following information:

i. Description of the offense, TCCSC policies and procedures that were violated
ii. Reference to verbal warning (if applicable)
iii. Utilize TCCSC Performance Corrective Plan, as needed
iv. State consequences of any further infractions
v. Formally document conversation in the form of written warning
vi. Documentation guidelines are the same as above, except place the written warning with employee's confirmation of receipt in employee's permanent personnel file

Second Written Warning may be issued, **Suspension** and/or **Disciplinary Probation**

Second written warning, if issued, will reiterate the first written warning in conjunction to the second warning and expected improvements, including those to be made immediately.

Suspension without pay can only occur with prior approval from the Executive Director (ED) or Chief Operations Officer (COO). A suspension will be for a specific period of time as determined by the ED or COO. The suspension documentation will include the following:

i. Length of the suspension.
ii. Date the suspension starts and date on which employee may return to work.
iii. Restate contents of the written warning with any new relevant information.
iv. State consequences of not making the necessary changes upon returning to work.
v. Formally document conversation in which the Critical Incident Form may be used
vi. Documentation guidelines are the same as above.

Disciplinary Probation

i. Under the progressive disciplinary model, disciplinary probation may be utilized after a verbal warning and a written warning is issued
ii. In lieu of a suspension without pay, employee will continue to work under a probationary status with reduced pay approved by ED or COO
iii. The probation period is set at the discretion of the Manager/Supervisor and approved by ED or COO; i.e., 90 days, 120 days, etc.

iv. Upon successful completion of the disciplinary probation for the probation period, the employee's regular pay will be reinstated
v. Follow documentation guidelines provided above.

Termination of Employment

i. Occurrences of any of the following violations, because of their seriousness, may result in immediate termination without warning. See Unacceptable Activities attached.
ii. Under progressive discipline, at the termination stage, Manager/Supervisor and Human Resources may meet with the employee to inform the employee that his/her employment with TCCSC has been terminated. A letter confirming the termination and the final check should be given to the employee on the date of the termination.

It is the responsibility of each employee of TCCSC to become familiar with and to fully understand the policies, rules and procedures.

ATTACHMENTS

Attachment I Unacceptable Activities

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.02**
SUBJECT: Employee Grievance	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location: All	

Purpose: To establish an environment in which employees can express and resolve grievances without fear of intimidation or retaliation.

Policy: Employee grievances will be resolved promptly, equitably, and confidentially. No employee will suffer retaliation for initiating a grievance.

Definitions:

Grievance - an expression of verbal or written dissatisfaction that can include, but is not limited to, service, manner of treatment, outcomes, or experiences. For employees, interns or volunteers, dissatisfaction can include the treatment of other personnel.

Procedures:

1. An employee should discuss a grievance with the immediate supervisor. If this is not possible, or if the grievance involves the immediate supervisor, the next level supervisor/manager should be contacted. The supervisor/manager will document the discussion, including a plan of action, if needed, with a copy to the employee.
2. Should the employee remain unsatisfied with the supervisor/manager response, the employee should prepare a comprehensive, written request for review by Human Resources.
3. Human Resources will review the supervisor findings, consult with the employee and inform the employee in writing of the findings and, if appropriate, recommend corrective action.
4. Corrective action, if necessary, will be initiated by Human Resources.
5. Should the employee remain unsatisfied with, or refuse to accept recommended corrective action, the employee may request a meeting with the Executive Director.
6. Should the employee remain unsatisfied or if the grievance involves the Executive Director, the employee may request a meeting with the Board of Directors.
7. When necessary, TCCSC will retain legal counsel to provide comprehensive information regarding applicable laws and advise the Executive Director and Board of Directors.
8. All communication between employee, supervisor, Human Resources and management shall remain confidential and will be shared on a need-to-know basis, only.
9. Human Resources will ensure recommendations of the Executive Director or Board of Directors are duly implemented and monitor compliance with such.

10. Human Resources will document all responses and actions taken, inform the employee, and maintain a copy of the resolution in the personnel record.

ATTACHMENTS

Attachment I Employee Grievance Report Form

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.03**
SUBJECT: Human Resource Practices	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure human resource practices are legal, equitable, consistently applied and support the agency mission.

Policy: TCCSC personnel policies and procedures are: equitable; consistently applied; in compliance with federal, state, and local regulations governing fair employment practices; reviewed regularly; and, consistent with contractual obligations and the needs of the agency.

Procedures:

1. HR reviews and monitors compliance with applicable law and regulations governing employer/employee relations including:
    a. Titles V and VII of the Civil Rights Act of 1964 as amended by the Equal Employment Opportunity Act of 1972 and the Civil Rights Act of 1991;
    b. the Fair Labor Standards Act (FSLA);
    c. Section 503 of the Rehabilitation Act of 1973;
    d. the Equal Pay Act;
    e. the Age Discrimination in Employment Act of 1967;
    f. the Americans with Disabilities Act (ADA);
    g. the Family Medical Leave Act (FMLA);
    h. the Occupational Health and Safety Act (OSHA);
    i. the Consolidated Omnibus Budget and Reconciliation Act (COBRA);
    j. the National Labor Relations Act;
    k. Executive Order 11246; and,
    l. any regulations implementing the above statutes. State or local law and regulation, when more stringent, supersedes federal regulation.
2. All personnel receive and confirm, in writing, receipt of up-to-date employee policies and procedures that include:
    a. conditions and procedures for layoffs;
    b. emergency and safety procedures;
    c. equal employment policies;
    d. nepotism and favoritism protections;
    e. grievance procedures;
    f. insurance protections including unemployment, disability, medical care, and malpractice liability;
    g. performance appraisal system;
    h. promotions;
    i. professional development & training;
    j. standards of conduct;

k. time off policies
l. wage policy; and
m. working conditions

3. Compensation and benefits are reviewed annually by the Executive Director, Chief Operating Officer and Board of Directors using:
   a. Published industry specific surveys and Los Angeles County employee salaries and benefits. Wages are adjusted within budgetary limitations.
   b. TCCSC analyzes employment patterns during an annual planning session during which it:
      i. establish goals for recruitment, employment and promotion; and
      ii. includes timetables for correction when clinical staff is not reflective of the population served.
4. HR reviews the use of contingent workers, including independent contractors, interns, volunteers, and temporary employees, with respect to tax laws, wage and hourly laws, and other applicable employment and labor laws.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.04**
SUBJECT: Personnel Records	
APPROVED BY: Shronda Givens, LCSW	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: October 11, 2021**
Electronic File Location:	Page **1** of **3**

Purpose: To ensure employee personnel records comply with regulatory and contractual requirements by maintaining critical documentation, up-to-date, in a uniform and confidential manner.

Definitions: N/A

Policy: Employee information shall be maintained in complete, confidential records with release as authorized by law.

Procedures:

1. Employee personnel records will be regularly updated and, at a minimum, contain:
    a. Identifying information and emergency contacts
    b. Application for employment and hiring documents (i.e. job posting, interview notes, reference verification, and offer letter.)
    c. Job description/classification
    d. Compensation documentation
    e. Up-to-date copy of valid CA Drivers License
    f. Proof of current insurance on personal vehicle with Tessie Cleveland Community Services named as an additional insured, as required by position
    g. Proof of professional license(s), as required by position
    h. Pre-service and in-service training records
    i. Performance evaluations
    j. Personnel Action Form(s)
    k. Commendations
    l. Disciplinary actions
    m. DMV printout provided at initial employment of staff required to drive as part of job description and all subsequent notices
    n. Department Change form (Transfers)
    o. Immigration Form, as needed
    p. I-9 Form and required supporting documentation as defined by INS.
    q. DOJ & FBI clearance (and subsequent notifications)
    r. W4
    s. W5
    t. Electronic Signature Validation, updated yearly
    u. Code of Ethics, as required by position

v. Other documents as required
w. Termination summaries, if applicable
x. Exit interview documentation, if interview employee consents

2. Employee health records will be maintained as separate files and include:
    a. All information relating to group health care plan coverage, Workers' Compensation, Americans with Disabilities Act compliance, and Family and Medical Leave Act compliance
    b. Benefit elections
    c. Benefit plans
    d. Job injuries or illnesses
    e. Medical examinations required by TCCSC
    f. Physician notes
    g. Leave information
    h. HIV/AIDS status
3. HR will establish and publish the order of the personnel and medical record files and will ensure files are maintained accordingly.
4. Employee personnel and health record files will be maintained in a secured cabinet accessible to authorized personnel only. The employee, employees' immediate supervisor, department/personnel manager, COO and Executive Director shall have access to the personnel and medical files on a need-to-know basis.
5. HR will maintain a log showing who accessed each record, the date and reason.
6. Employee records may be maintained in any form allowed by law (e.g., microfiche or electronic.)
7. Records files will be retained in accordance with applicable Federal/State regulatory and compliance requirements, accreditation agencies, and contractual obligations from date of termination.
8. Files of applicants not hired will be retained according to applicable Federal/State regulatory and compliance requirements, accreditation agencies, and contractual obligations.
9. Records will be destroyed and discarded in a manner to ensure confidentiality and in accordance with current laws, regulations and/or contractual requirements.
10. Confidential information will be released to outside sources with written authorization from the employee. When in doubt, HR will contact the employee prior to releasing information.

DIVISION: Administration	**NUMBER: 3.04**
SUBJECT: Personnel Records	
APPROVED BY: Shronda Givens, LCSW	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: October 11, 2021**
Electronic File Location:	Page **3** of **3**

11. Employees may review information contained in their records, and may add or correct information by submitting such additions and/or corrections in wiring to HR for inclusion in the file, in accordance with-applicable law.
12. Employees leaving the organization voluntarily will be requested to participate in an exit interview.
13. In the event the agency is dissolved, records will be properly disposed in accordance with contractual guidelines.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.05**
SUBJECT: Recruitment, Selection, and Deployment	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To recruit a stable, qualified workforce that contributes effectively and efficiently to consumer satisfaction and provides positive services delivery results.

Policy: TCCSC recruits, hires, trains, and promotes sufficient numbers of qualified personnel to meet service demands.

Definitions:

Open positions - vacancies resulting from employee termination, transfer or promotion; additional positions created by authorization of the Executive Director, or by additional or new positions created as a result of increase or change in funding.

Procedures:

1. Internal recruitment and selection procedures include efforts to recruit and hire for open positions from within and outside the organization. The goal is to hire individuals that reflect that makeup of the community, as approved by the Board of Directors, and are the best qualified for the agency. The process ensures:
   a. Compliance with TCCSC Discrimination/EEOC policy and Federal, State and County regulations:
   b. Notification of available positions via TCCSC website;
2. The supervisor/manager notifies the Executive Director (CEO) or Chief Operating Officer (COO) of a need to hire.
3. Given CEO or COO approval, recruitment begins with notice to Human Resources to initiate internal recruitment and post notice on the web-site and agency bulletin boards. Resumés are collected and screened by Human Resources and qualified candidates' resumés are referred to the CEO or COO to be scheduled for interviews.
4. If no acceptable internal candidate presents, the need to recruit is referred to the Recruitment Committee for posting externally and/or inclusion in a job fair. Resumés are collected and screened by Human Resources and qualified candidates' resumés are referred to the CEO or COO to be scheduled for interviews.
5. Should a more focused, targeted or concentrated recruitment be deemed necessary, an external consultant may be retained to initiate recruitment. Resumés are collected and screened by Human Resources and qualified candidates' resumés are referred to the CEO or COO to be scheduled for interviews. In the case of the need to recruit for a vacancy in the Human

Resources Department, the consultant may collect and screen the resumés and refer qualified candidate's resumes to the CEO or COO. for interviews.

6. Upon identification of the most appropriate candidate, Human Resources initiates the hiring process by verifying references and credentials of candidates and/or independent contractors and conducting a background investigation.
7. Human Resources discusses results of reference check with CEO or COO and confirms intention to proceed with hiring decision.
8. HR notifies candidate of intent to hire dependent upon positive results of medical testing.
9. Human Resources informs candidate, in writing, of either the position offered and start date or refusal of the application/interview.
10. Human Resources collects Employment Eligibility (Federal form I-9) and schedules new employee for orientation.
11. Human Resources maintains hiring records as required by law and/or contract.
12. New employee's supervisor assumes leadership responsibilities and orients/trains employee to agency and specific assignment.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.06**
SUBJECT: Employee Insurance Allowance	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: 01-01-2014**
Electronic File Location:	

Purpose: To ensure employees have access to personal and dependent health and dental insurance.

Definitions: N/A

Policy: TCCSC will pay the full cost of the Base Health Plan (a HMO) and the Base Dental Plan (a HMO) for the employee and 50% of the Base Health Plan fee for a spouse or one dependent.

Procedures:

1. HR will offer the employee an opportunity to enroll in the health plan when hired, effective on the first day of the month following 30 days of employment.
2. Employee may elect to cover additional dependents for an additional fee in which TCCSC will pay $150 of the fee and/or may pay to upgrade to a more comprehensive plan (buy-up).
    a. Employees electing to buy-up or add additional dependents must pay 100% of the cost difference.
    b. Employee's share of premium will be deducted automatically each payroll period.
3. The employee is also provided with a HMO dental plan.
    a. Employees may elect to cover additional dependents and/or pay to upgrade the coverage to a more comprehensive dental plan.
    b. See item 2 regarding payroll deduction for additional cost.
4. Eligible employees may decline participation in the group medical and dental plan with proof of equal or greater coverage from another carrier.
    a. Employees with equal or greater private insurance coverage may elect to receive an insurance allowance equal to the amount TCCSC pays for its lowest paid employee medical insurance premium, unless otherwise authorized by the Executive Director.
    b. The allowance may be through a pre-tax contribution to TCCSC retirement plan (403B) or as taxed earnings.
5. Employees are allowed to make changes to insurance coverage in accordance with the insurance carrier guidelines, usually annually in December or upon a qualifying event.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.07**
SUBJECT: Performance Evaluation	
APPROVED BY: Moses Cheatwood	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: June 18, 2011**
Electronic File Location:	

Purpose: To maintain a workforce with the qualifications and skills to provide services that meet agency expectations, TCCSC provides employees with feedback on how they are contributing to organizational success.

Policy: A performance management system is established, implemented and maintained to ensure individual performance is recognized; needed corrections are addressed; and, that the workforce contributes effectively and efficiently to consumer satisfaction and a positive service delivery system.

Definitions:

Performance Management System - Procedures including establishment of goals, evaluation of performance, employee participation, disagreement resolution and performance improvement.

Procedures:

1. Job performance is measured and improved; and self-development and professional growth are emphasized; utilizing the following factors:
    a. Specific expectations and competencies defined in the job description;
    b. TCCSC-wide personnel expectations;
    c. The baseline competency assessment for introductory-period employees or goals established in previous annual employee evaluation(s);
    d. Development and professional objectives established in previous employee evaluation(s);
    e. Recommendations for further training and skill building; and,
    f. Knowledge and competence related to the characteristics and needs of service recipients, if applicable.
2. Formal, written performance evaluations are prepared for each employee by the immediate supervisor prior to the conclusion of the introductory period and annually, based on annual performance, thereafter.
    a. HR notifies supervisor of due date for performance evaluation.
    b. Supervisor completes evaluation form
    c. Supervisor discusses it with second level supervisor, if applicable
    d. Supervisor and/or second level supervisor obtain CEO or COO approval prior to the due date.
3. Supervisor holds a meeting with employee to discuss the evaluation thus providing both supervisor and employee an opportunity to discuss job tasks, identify and develop corrective plan(s) for weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

   a. Employee must have a clear understanding of performance expectations as articulated in the performance evaluation.
   b. Employee is given an opportunity to include remarks on evaluation instrument.
      i. Employee and supervisor sign evaluation form.
      ii. If employee refuses to sign, supervisor obtains a witness to sign the form in the employee's presence confirming refusal.
4. HR files original signed copy of the evaluation in employee personnel file.
   a. Employee has the right to review the folder upon request.
   b. Supervisor has the right to review the folder upon request.
5. Refer to the agency's Contractors Policy on how contractor performance is measured.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.08**
SUBJECT: Dishonesty, Falsification and Fraud	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure TCCSC business is conducted in an honest and ethical manner and adheres to legal, contractual and regulatory requirements.

Policy: Employees are prohibited from making or causing to be made any false or fraudulent statements or representations particularly relating to billing, timekeeping, reimbursement or other benefits involving federal or contractual funding.

Definition:

Clinical Documentation – all documents required contractually, ethically, or legally to provide, evidence, release and/or record mental health or other TCCSC services.

Procedure:

1. Employees must complete all clinical documentation with absolute honesty.
    a. Each progress note, plan of care, assessment, or clinical document must be individualized to the client.
        i. Copying, redrafting or reformatting information from one client to another or one service contact to another is prohibited.
        ii. Progress notes must be unique and accurately reflect services provided for each service contact. Duplicating or replicating information from one contact to another is considered fraud.
        iii. Other clinical documentation must be completed accurately and thoroughly in accordance with agency and industry standards.
    b. Clinical documents must not contain any untrue or misleading statements, facts or details.
    c. Progress notes entered into Clinitrak as a final copy, ready for billing or supervisor review must be complete.
        i. Missing information, particularly leaving blank or partially completing the Summary & Plan section, saved by an employee as ready for billing or a supervisor review is considered fraud.
        ii. Representing other clinically required documents as complete when they are not is considered fraud.
    d. Notes must be in the agency approved format and billing ready when co-signed.
2. Employee must complete timesheets accurately and completely, reflecting actual time worked and taken off.
3. All claims for reimbursement must be accurate, including claims for personal and/or client related expenses.

   a. Reimbursement requests must include original receipts and comply with Administration Policy 4.03 - Expenditure Authorization/Check Request.
   b. Mileage claims must be complete and accurate. See Administration Policy 4.02 – Mileage Reimbursement.
   c. Attendance records, work schedules and, when applicable, notes in Clinitrak must support mileage claimed. See Administration Finance Section 4.
4. Employees must not make false statements on any employment documents.
   a. Falsifying the employment application or the resume reflecting job qualifications.
5. Employees must not alter company records or documents.
6. Violation of any aspect of this policy because of the severe impact it could have on the agency is grounds for immediate termination.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.09**
SUBJECT: Staff Satisfaction and Retention	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	

Purpose: Organizational stability and viability require a stable, qualified workforce that contributes effectively and efficiently to consumer satisfaction and positive service delivery.

Policy: TCCSC promotes employee satisfaction and retention through an open door policy, incentives, recognition, fairness and impartiality.

Definitions: N/A

Procedures:

1. Supervisors and managers encourage open communication and collaboration among staff by:
   a. Holding regular, team, organizational, and divisional meetings.
   b. Providing training and supervision.
   c. Providing feedback on suggestions and recommendations.
      i. Suggestion Box located in each location.
      ii. Open door policy adopted for supervisors and managers.

2. Initiative, creativity, innovation, job satisfaction, staff retention is encouraged and recognized with:
   a. Employee of the year.
   b. Employee of the month.
   c. Annual holiday celebration.
   d. Annual company picnic for family and friends.
   e. Staff appreciation events throughout the year.
      i. Signing bonus for hard to recruit positions.
      ii. Annual bonuses based on a measurable performance metric (e.g., cost reduction, efficient performance, suggestion awards, safety awards) with Board approval.
   f. Discretionary time buy-back for qualifying employees.
   g. Matching contribution to 403B retirement plan.
   h. Annual 403B retirement plan contribution with Board approval.
   i. Flexible hours for qualifying staff.
   j. Corporate sponsored gym membership.
   k. Employee development through attendance at training and conferences.

3. The Administrative Team develops annual satisfaction and retention goals, approved by the Board.
   a. Conducts and reviews annual employee satisfaction survey.

b. Develops plans to address concerns and implement suggestions as appropriate.

4. HR and management identify and address staff satisfaction and retention concerns.

5. Employees with concerns may refer to the agency's Grievance Policy and Procedures for detailed information.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.10**
SUBJECT: Discrimination	
APPROVED BY: Shronda Givens, LCSW	**EFFECTIVE DATE: April 14, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: October 11, 2021**
Electronic File Location:	Page **1** of **2**

Purpose: To establish an equitable work environment free of discrimination.

Policy: TCCSC will not tolerate discrimination against any person or category of persons.

Practices:

1. TCCSC is an equal employment opportunity employer, compliant with the Equal Employment Opportunity Commission (EEOC) and Department of Fair Employment and Housing (DFEH) regulations, and does not discriminate against employees or job applicants on the basis of age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious persuasion, marital status, political belief, physical or mental disability, pregnancy, HIV/AIDS status, military or veteran status, or any other status or condition protected by law except where a legitimate, defensible occupational qualification applies.
2. TCCSC recruits, hires, trains, and promotes persons in all job classifications in compliance with EEOC/DFEH.
3. TCCSC ensures all personnel programs such as compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, tuition assistance, and social and recreation programs will be administered in compliance with EEOC/DFEH and the Fair Labor Standards Act (FLSA).

Procedures:

1. An employee should discuss any perceived act of discrimination with the immediate supervisor. If this is not possible, or if the perceived discrimination involves the immediate supervisor, the next level supervisor/manager should be contacted. The supervisor/manager will document the discussion; including a plan of action, if needed, with a copy to the employee.
2. Should the employee remain unsatisfied with the supervisor/manager response, the employee should prepare a comprehensive, written request for review by Human Resources.
3. Human Resources will inform the employee of the findings and recommend (any) corrective action.
4. Corrective action, if necessary, will be initiated by Human Resources.
5. A job applicant should discuss any perceived act of discrimination with Human Resources. Human Resources will document the discussion; including a plan of action, if needed, with a copy to the applicant. Corrective action, if necessary, will be initiated by Human Resources.

6. Should the employee or job applicant be unsatisfied with, or refuse to except the recommended corrective action, the employee or applicant may request a meeting with the Executive Officer or Board of Directors.
7. When necessary, TCCSC will retain legal counsel to provide comprehensive information regarding applicable labor laws and advise the Executive Director and Board of Directors.
8. Human Resources will ensure that the recommendations of the Executive Director or Board of Directors are duly implemented and monitor compliance with such.
9. Human Resources will document all responses and actions taken, inform the employee or applicant, and maintain a copy of the resolution in the personnel record or employment applicants file.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.11**
SUBJECT: Background, Reference, Federal Exclusions Database checks and queries	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: April 14, 2009**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: June 2019**
Electronic File Location:	Page **1** of **8**

Purpose: To ensure all employees, contractors, volunteers, and interns to determine the suitability of prospective candidates or contractors or existing employees are properly screened for exclusions and are authorized to participate in federal and state health and mental health programs.

Policy: All administrative, board members, employees, independent contractors, interns, volunteers and/or subcontractors (employees) who have direct contact with children or adult clients in the course of their work, volunteer activity or performance of a subcontract shall successful pass an extensive background check as a condition of employment. Administrative and other employees who do not have direct and ongoing client contact shall successfully pass a limited background check as a condition of employment.

Definitions:

Limited background check (Live Scan) - the process of conducting a background investigation of criminal history, which includes DOJ and FBI criminal checks.

Extensive background check – the process of conducting a background investigation that, at a minimum, includes: a reference check; reviewing criminal history (Live Scan) and civil records; physical examination, verifying license(s), if applicable, degree verification or certificates and driving histories, individuals seeking employment, or currently employed, or seeking contractual relationships in positions/functions providing direct services to children, the elderly, or other persons determined by the agency to be vulnerable or at risk.

Monthly queries - The process of conducting monthly checks in the LEIE, OIG, S&I List, NPPES (NPI) and SAM Databases to ensure compliance with LA County DMH Policy 106.04 and Riverside University Health System. The databases provide information that ensures none of TCCSC's staff are sanctioned.

Provider Trust - ProviderTrust, Inc. is a healthcare software as a service (SaaS) company that is under contract to provide ongoing monitoring services according to industry compliance standards.

Procedures: Once a tentative offer of employment is made to a prospective employee, intern, volunteer, or contractor, a contingent offer of employment/contract is extended pending the results of a background investigation and pre-engagement screening. Background checks are conducted by Human Resources. Legal counsel is sought when there a questions or concerns with background information.

Background investigations may include the following checks:

1. Evidence of Employment Authorization: Within three days of employment start date, employee must complete the I-9 and present actual documents to verify identity in accordance with INS regulations.
    a) HR receives and reviews actual, original documents and signs I-9 form.
2. Criminal and Incarceration Records:
    a) The prospective employee, intern, volunteer or contractor will be fingerprinted by a qualified fingerprint technician in accordance with the TCCSC Fingerprinting Policy.
    b) The candidate submits a copy of the completed Department of Justice Form BCII8016 (Request for Live Scan Service) to Human Resources, once the Live Scan is performed.
    c) Human Resources serve as the liaison between the agency and the Department of Justice regarding fingerprinting processing for employees, interns, volunteers and contractors.
        i. HR receives the results electronically.
        ii. HR evaluates the information, seeking legal counsel, when necessary, to determine the suitability of hiring, and contracting decisions.
    d) HR immediately informs Executive Director of employment candidates history when a prior or pending conviction exists.
        i. TCCSC will accept a criminal clearance waiver received from the California Department of Social Services Community Care Licensing Division (CCL).
3. Driving for Company Business: Employees whose work requires operation of a TCCSC motor vehicle or use of their personal vehicle for company

business must present and maintain a valid driver's license and a driving record acceptable to our insurer.

a) Employee provides HR with a current copy of driving record.
b) Employee signs authorization to allow HR to pull additional DMV driving records.
c) HR reviews and ensures driving record is acceptable to TCCSC insurance.

4. Prior Employment/Engagement Verification:
    a) HR contacts employment reference(s) and verifies employment history, including dates of employment, position held and additional information available pertaining to salary/wages, performance rating, reason for departure, and eligibility for rehire.
    b) HR notifies Executive Director and/or COO of reference check findings.
5. Educational Verification: Ensure the applicant possesses all degree/diploma required by the job specification.
    a) HR reviews diplomas and degrees to ensure job qualifications are met.
        i. If there are questions about the legitimacy of document, HR contacts educational institution to confirm.
    b) HR notifies Executive Director and/or COO if it is determined that the education verification is invalid.

6. Professional License Verification: Ensure the applicant possesses all licenses required by the job specification and listed on the application and resume.
    a) Employee provides HR copy of professional license.
    b) If there a questions, HR confirms license with BBS.

7. Federal Exclusions database queries: OIG-LEIE, STATE MEDICAID EXCLUSIONS, LICENSE AND CERTIFICATION VERIFIFCATION, DEA NUMBER VERIFICATION, OFAC, NPI, S&I List and SAM:

    a) Employees are uploaded by TCCSC into ProviderTrust's secure platform Passport®.

b) ProvideTrust searches against the databases as described below.
c) ProviderTrust searches for any new records and/or changes reported by a primary source public record agency based on the designated timelines below. Any confirmed records from the primary sources are matched by ProviderTrust and posted in the Passport® system for TCCSC to view. An email will be generated to appointed contacts to login and review the new alerts.
d) Primary Source Data and Monitoring Frequency:
    a. Federal Exclusions Sources:
        i. In the case of a matched federal or state exclusion, a phone call in addition to an email is made to alert the designated administrator to view these records.
        ii. ProviderTrust will return a match to the client upon verification of at least two matching identifiers.
    b. OIG-LEIE Monthly federal HHS Office of Inspector General (OIG) LEIE exclusion monitoring.
        i. The OIG List of Excluded Individuals and Entities (LEIE) is updated once a month, typically between the 8th and the 12th.
        ii. It is released by the OIG and is downloaded by ProviderTrust and entered into the Passport® database.
        iii. Verification Source: oig.hhs.gov
        iv. Verification Schedule: * Ongoing monthly monitoring
    c. SAM.gov **(f**ormerly the GSA Excluded Parties List System) debarments. Each week, the SAM.gov database is updated from multiple sources. There is no designated time in which exclusion data is uploaded into SAM.gov by the federal government.
        i. ProviderTrust updates its database from SAM.gov at least twice a month.
        ii. Verification Source: sam.gov/SAM
        iii. Verification Schedule: * Ongoing monthly monitoring
    d. State Medicaid Exclusions:
        i. All available state Medicaid exclusion lists monitoring. Each state updates its list at different intervals and in

different formats. ProviderTrust updates its exclusion database as the records are made available from each state.

ii. Verification Sources: All available state Medicaid exclusion lists info.providertrust.com/exclusion-sources

iii. Verification Schedule: * Ongoing monthly monitoring

*There can be a gap in time from a record being reported by a primary source and verified by ProviderTrust as a confirmed match. This is due to the fact that most data sets are searchable by first and last name only. Therefore, in some cases, an additional step is needed to match a record such as contacting a state or federal agency, and therefore requires additional time to conduct such verification.

e. License and Certification Verification:

i. Upon receipt of client data in a valid and accurate format, an initial search will be completed and monitoring will be initiated. Any change in client data and/or primary source data will also trigger an additional search.

ii. Verification Sources: The appropriate State and/or National Licensing Board for the professional healthcare license or the authorized associations which issue certificates that are recognized as a license, (i.e. Medical Board or Nursing Board, or ACR).

iii. Verification Schedule: *Upon license entry into Passport ® for the initial verification Once each quarter, after the initial verification At least ten (10) days prior to license expiration date.

iv. If not renewed within 10 days of expiration, a daily verification leading up to the expiration date

v. Day of expiration

vi. Daily after the date of expiration, if not renewed until it reaches five (5) days past expiration

vii. If not renewed after five (5) days from expiration, we will check again one (1) month after expiration

viii. If not renewed after one (1) month from expiration, the license will go back into a quarterly verification schedule.

*This schedule is our standard verification for a traditional license verification source online, with open access to verification information. There are exceptions to this timeline for boards that require fax or phone verification, as well as boards that require fees for verification services. A "day" is defined as a business day, not including weekends and Federal holidays.

f. Sanctions/Disciplinary Actions: Sanction/disciplinary monitoring at state disciplinary action boards.
   i. Verification Sources: ProviderTrust verifies over 2,500+ federal and state primary sources (disciplinary action pages, license board orders, meeting minutes, etc.).
   ii. Verification Schedule: Ongoing monthly monitoring, depending on the sanctioning authority publication.

g. Social Security Death Master Index**:** The SSA Death Master File is used by leading financial and credit firms as well as government agencies to match records and prevent identity fraud. The SSA does not have a death record for all persons; therefore, SSA does not guarantee the veracity of the file. Thus, the absence of a particular person is not proof this person is alive.
   i. Verification Source: The Social Security Administration, by and through NTIS.gov, is the database owner for the Limited Access Death Master File. ProviderTrust is an authorized user of the NTIS SSN-DMF.
   ii. Verification Schedule: Ongoing monthly monitoring

h. Drug Enforcement Agency (DEA) Number Verification: Prescribing Providers apply for and may be issued a DEA Registration from the DEA. Such DEA Registration is required in order to prescribe or order scheduled drugs. The Drug Enforcement Agency is the database owner for the DEA Controlled Substances Act Registration Information Database.
   i. Verification Sources: dea.ntis.gov/

ii. Verification Schedule: * Upon license entry into Passport ™ for the initial verification Once each quarter, after the initial verification At least ten (10) days prior to license expiration date. If not renewed within 10 days of expiration, a daily verification leading up to the expiration date
iii. Day of expiration
iv. Daily after the date of expiration, if not renewed until it reaches five (5) days past expiration.
v. If not renewed after five (5) days from expiration, we will check again one (1) month after expiration
vi. If not renewed after one (1) month from expiration, the license will go back into a quarterly verification schedule.

*DEA primary source is updated weekly

i. OFAC: ProviderTrust conducts a search against the Office of Foreign Assets Control (OFAC) list of Specially Designated and Blocked Individuals of the US Treasury Department to ensure no employee appears on the published Specially Designated and Blocked Individuals List (SDN List). This list contains the names of individuals or entities that are known to the U.S. Government to have terrorist ties and/or support, and includes, among other lists, the Terrorist Watch List.
    i. Verification Source: treasury.gov/resource-center/sanctions/SDN-List
    ii. Verification Schedule: Ongoing monthly monitoring

j. National Provider Identifier (NPI): The NPI is found via the CMS National Plan and Provider Enumeration System (NPPES) which is a directory of all active National Provider Identifier (NPI) records. Healthcare providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. Individuals or organizations apply for NPIs through the CMS National Plan and Provider Enumeration System (NPPES

). CMS provides this service based on federal law (45 CFR Part 162).

i. Verification Source : https://nppes.cms.hhs.gov/#/
ii. Verification Schedule: Ongoing monthly monitoring

8. Record Keeping: Criminal history information collected under this policy shall be kept in the confidential personnel file of the employee, intern or file of the volunteer. The information shall be used for the sole purpose of evaluating the candidate or employee and shall be disclosed only as permitted or required by law.

Additional background investigation may occur at any time during employment or a contractual engagement with TCCSC.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.13**
SUBJECT: Outside Employment	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: February 29, 2012**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose: To govern outside employment/incompatible activities, conflict of interest, and dual compensation of TCCSC employees.

Policy:

1. Full-time TCCSC employees may work in non-conflicting outside employment, including self-employment, to a limit of 24 hours in any week, ***with supervisor's approval***, provided the effectiveness of his/her TCCSC assignment is and remains unimpaired.
2. While on TCCSC time, no TCCSC employee may engage in any outside employment or activity for compensation or on a volunteer basis, unless prior TCCSC management approval is received.
3. Employees, including part-time employees, shall not use TCCSC facilities, tools, equipment, or supplies for other than TCCSC purposes.
4. Unauthorized use of confidential and other non-public information gathered in contact with patients, clients, other employees or from TCCSC records, is prohibited. Such information may be used only for official TCCSC business.
5. No employee may make, participate in the making, or in any way attempt to use his/her official position to influence a contract and/or governmental decision in which he/she knows or has reason to know that he/she has a financial interest.
6. The provision of expert witness services that takes a position against TCCSC in any legal action where TCCSC is a party to the action shall be deemed to be inconsistent with or incompatible to the employee's duties with TCCSC.

Procedure:

1. All employees intending to engage in outside employment (including self-employment), activity or who intend to provide expert witness testimony shall obtain **prior** approval to engage in such activity.
    a. The employee shall complete the "Outside Employment" and, when applicable, "Authorization for Release of Outside Employment/Activity Information" forms.
    b. The employee is responsible for providing accurate and complete information stating the terms, conditions and duties of the outside employment to the satisfaction of his/her immediate supervisor.
    c. At any time the terms, conditions and/or working hours of the non-TCCSC position change, the employee is responsible for immediately notifying his/her supervisor.
    d. The employee's signature on the "Outside Employment" form shall attest to the accuracy and completeness of the information contained therein.
    e. Employees are responsible for disclosing any potential or actual conflict of interest or possible incompatibility situation to their immediate supervisor as soon as they are identified by the employee.

2. TCCSC HR Technician shall:
    a. Require each incoming employee to review and sign acknowledgement of this policy and will retain the signed original in the employee's personnel file.
    b. Ensure annual receipt of signed the "Outside Employment" form for each employee.
    c. Require additional review of this policy between the supervisor/manager and employee at least annually and/or in association with the Performance Evaluation process.
    d. File the "Outside Employment" and, when appropriate, "Authorization for Release of Outside/Activity Employment Information" forms in employee's personnel file.
    e. Provide the "Outside Employment" form to employees for use in notifying TCCSC of their intent to engage in outside activities.
    f. Evaluate requests for disciplinary actions, conduct investigations, provide consultation and initiate appropriate disciplinary actions when requested by management.
3. Supervisor/Manager shall:
    a. Ensure employees are informed of this and all policies.
    b. Review and approve or deny requests for outside employment to ensure no Conflict of Interest exists.
    c. Present employee's request and completed forms to management for approval.
    d. Communicate approval or denial to employee.
    e. Participate in investigation of outside employment.
    f. Initiate corrective or disciplinary action for non-compliance with this policy.
4. Approval process:
    a. Any employee who is or is intending to engage in outside employment, including as an expert witness, is required to disclose the circumstances and consult with his/her supervisor and/or the HR Technician for a determination of its compatibility with TCCSC employment.
    b. Employee shall complete appropriate areas of the "Outside Employment" (Attachment1) and "Authorization for Release of Outside Employment/Activity Information" forms and submit them to his/her immediate supervisor.
    c. The "Outside Employment" and the "Authorization for Release of Outside Employment/Activity Information" forms shall be reviewed by the immediate supervisor and Executive Director to ensure the employment/activity is compatible with the employee's TCCSC employment.
        i. The review may include verification, with the outside employer of the information provided by the employee regarding the terms, conditions and duties of the proposed outside employment.

   d. Approval to engage in outside employment/activities must be obtained from both the immediate supervisor and the Executive Director.
   e. Incomplete requests will be returned to the employee for corrective action.
   f. The employee will be notified within a reasonable time of the disposition of his/her request.

5. Grounds for denial, and/or revocation of approval, of outside employment/incompatible activities include, but are not limited to:
   a. Employee has a less than competent performance evaluation.
   b. Outside employment activity, by its nature, schedule or extent, might impair the employee's efficiency in the TCCSC service (e.g. cause tardiness, absenteeism, tiredness or otherwise conflict with TCCSC activities).
   c. Non-conflicting outside employment/activity requires and/or involves more than 24 hours per week.
   d. TCCSC property, tools, records, confidential and/or other non-public information are used in conjunction with the employment.
   e. Outside employment/activity position requires the employee to engage in non-TCCSC business and/or activities while on TCCSC time. This would include, for example, requiring an employee to be available to answer non-TCCSC related telephone calls, text messages, and/or e-mails while on TCCSC time.
   f. Outside employment/activity position is incompatible or inconsistent with or would result in a conflict of interest with the employee's regular duties and/or responsibility of his/her TCCSC employment.
   g. Failure to provide requested verification of outside employment.
   h. Employee's refusal to sign a release authorizing the outside employer to provide the proposed working hours to TCCSC.
   i. Employee's intends to provide expert witness testimony in a legal case(s) where TCCSC is a party to the action.

Failure to comply with this policy may result in disciplinary action, including written warnings, reprimands, suspension, or discharge.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Human Resources	**NUMBER: 3.14**
SUBJECT: Obtaining Professional Licensure for Therapists	
APPROVED BY: Moses Cheeseman	**EFFECTIVE DATE: May 20, 2015**
TO BE PERFORMED BY: Administrative and Clinical Staff	**REVISION DATE:**
Electronic File Location:	

Purpose: To ensure the highest quality of care and protect and serve our clients, Tessie Cleveland Community Services Corp. (TCCSC) requires therapist to obtain clinical licensure within a reasonable timeframe. Failure to do so jeopardizes the agency, compromises care and unduly exposes other licensed professionals, under who unlicensed staff work, to unfavorable consequences.

Policy: As a condition of employment, therapists shall obtain a clinical license, issued by the California Board of Behavioral Sciences (BBS), within no more than one (1) year of meeting the BBS examination eligibility requirements. Unless otherwise approved by the Executive Director, this shall occur within no more than three (3) years and three (3) months of employment with TCCSC as a therapist. Therapist are subject to disciplinary action if licensure is not obtained within the agreed upon timeframe specified on the Licensure Agreement for Therapist.

Procedures:

Therapist:

1. Review and acknowledge agreement by signing the Therapist Licensure Agreement (Agreement) (copy attached) as a condition of employment, which will specify a projected timeframe to complete BBS licensure exam eligibility requirements.
    a. This timeframe may be revised at the sole discretion of the Executive Director. In which case, a revised agreement shall be signed by the therapist.
2. Ensure all state examination requirements are met, including, but not limited to the following:
    a. Maintain a log of qualifying work experience hours and supervision, as described on the BBS website.
    b. Complete additional coursework requirements as described on the BBS website.
    c. Apply for Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), or Licensed Educational Psychologist (LEP) exam within timeframe to ensure ample time to obtain licensure within projected completion timeframe.

3. Pass all required licensing examinations within timeframe shown on the Licensure Agreement for Therapist.
4. Notify Human Resources (HR) of results when (each) exam is taken.
5. Provide HR a copy of license when received.

Human Resources (HR):

1. Calculate projected completion date in which therapist should fulfill BBS requirements and become licensed.
2. Explain the Agreement and answer any questions therapist may have.
3. Request therapist to sign the Agreement.
    a. Failure to sign Agreement will nullify hiring decision.
    b. Based on extenuating circumstances, the projected completion date may change at the sole discretion of the Executive Director.
    c. An updated Agreement must be signed by the therapist with the revised projection date.
4. Provide therapist a copy of the signed Agreement.
5. Enter projected completion date for licensure in HR database.
6. Track timeframe for therapist to meet the state examination eligibility requirements.
    a. HR will use ACSW/MFTI/LEP issue date to calculate when required work experience hours should be completed.
    b. If employee worked as an ASW, MFT intern or LEP intern elsewhere, prior to accepting employment with TCCSC, and can provide verification of qualifying work experience hours, HR will calculate projected eligibility date taking into account qualifying hours.
    c. If employee worked as an ASW, MFT intern, or LEP prior to accepting employment with TCCSC and cannot provide verification of prior qualifying work experience hours, HR will use the TCCSC hire date to begin tracking hours for licensure.
7. Within no more than two weeks prior to projected completion date as shown on Agreement, HR consults with Coordinator to determine therapist has met license eligibility requirements and is ready to submit application for examination.

   a. If therapist is not eligible to submit paperwork, HR notifies Executive Director and Program Liaison of reason for delay and approximately how much more time is needed before therapist is eligible to take licensure exam.
   b. Take necessary action based on circumstances and at direction of Executive Director.

8. Meet with therapist and provide letter notifying of the requirement to obtain licensure within one (1) year of receiving the letter.
   a. A signed copy of the letter, acknowledging receipt, will be filed in the therapist's personnel file.
9. Update personnel file once the original copy of the license is received from therapist.
10. Process Personnel Action Form (PAF) to change employment status.
11. If the license is not obtained within the timeframe specified in the Agreement, HR will initiate disciplinary action which may include suspension, pay reduction, or discharge at the sole discretion of the agency.

Coordinator:

1. Meet with therapist regularly and determine when state examination requirements are met; i.e., when group supervision and individual supervision hours and completion of required courses are attained.
2. Record number of clinical supervision hours provided each therapist.
3. When contacted by HR, advise whether therapist is ready to submit application to BBS.
   a. If therapist has not met requirements, Coordinator informs HR of reasons for delay and estimate of how much time therapist needs before application can be submitted.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.15**
SUBJECT: Professional Licensure Program	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: July 1, 2013**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: The purpose of the TCCSC Professional Licensure Program is to provide non-taxable reimbursement for staff that possesses a higher credentialed license (LCSW, LMFT, licensed Psychologist, Physician, Lawyer, CPA or other license deemed critical) needed by TCCSC to conduct its business. Such financial support is intended to assist TCCSC to attract and retain sufficient licensed staff with skills and knowledge needed to ensure TCCSC's service delivery and business practices are of the highest quality. This program is an IRS tax-exempt program and the following guidelines are critical to our being able to offer this tax-free reimbursement.

Policy: TCCSC will reimburse full-time employees who maintain a higher credential license in order to carry out their job, the regular fees for obtaining or renewing their license (no late fees or penalties will be reimbursed).

Procedures: To qualify for and receive reimbursement, the employee must:

1. Pay the license fee in the amount and within the deadline indicated by the licensing agency.
2. Once the license fees are paid, complete a check request and have it approved by his/her supervisor/manager and the Executive Director or Chief Operating Officer, depending on the employee's chain of command.
3. Provide the approved check request form along with a copy of the license fee invoice and proof of payment to TCCSC's Fiscal Officer.
4. Approved reimbursements will be deposited, along with the employee's regular pay, into the employee's bank account for those employees who have direct deposit of their pay. Other employees will receive reimbursement in the paycheck they receive. Reimbursement will generally occur within 30 days or two pay periods following submission of all of the appropriate paperwork. For example, if paperwork is completed and approved by the 1st of the month, the reimbursement will generally occur on the last paycheck of that same month.
5. As a condition of license fee reimbursement, the employee agrees that if he or she voluntarily or involuntarily leaves TCCSC within six months of being reimbursed for professional license fees, TCCSC may deduct the full amount of reimbursements from the employee's final pay check.

Professional license fee reimbursement is subject to Executive Director approval, available funds and the program may be withdrawn at any time without notice.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.16**
SUBJECT: Educational Assistance Program	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: July 1, 2013**
TO BE PERFORMED BY: Human Resources	**REVISION DATE:**
Electronic File Location:	

Purpose: The purpose of the TCCSC Educational Assistance Program is to provide non-taxable educational assistance (not to exceed $1,500 per calendar year) to eligible employees. Such support is intended to enhance employees' professional development and their skills and knowledge related to TCCSC's business. This Educational Assistance Policy is an IRS tax-exempt program and the following guidelines are critical to our being able to offer this tax-free tuition reimbursement.

Policy: TCCSC provides financial support, to the extend funds are available, to employees who participate in externally sponsored educational courses, which meet the criteria outlined in this Policy, and who sign a legally binding agreement that if he/she does not remain employed for at least one year following completion of the course(s), he/she will be obligated to repay the assistance either through payroll deductions or other legal means.

Definitions:

Full-time Employee – Active employees who are classified as "full-time" (regularly scheduled to work 30 or more hours per week) with at least twelve months of continuous service immediately prior to the start of the course for which reimbursement for qualified tuition expenses is requested. (For purposes of this policy, "active" means an employee who is not on a leave of absence at the time of taking or during the time of taking the course and who has not been on leave of absence for 12 months prior to taking the course.)

Approved Schools - Courses taken at approved academic institutions will be eligible for consideration. Correspondence courses or online courses will be considered for reimbursement only from approved academic institutions and only when they are determined to be equivalent or superior to comparable resident instruction.

Types of Assistance - Assistance, when approved, is given in the form of tuition reimbursement after successful course completion. Successful completion of a course shall be evidenced by a report from the school showing a passing grade of at least "C" or better. If grades are not normally awarded, a statement of satisfactory completion must be presented; for instance, this may include a pass/fail situation.

Tuition – May include registration fees, required fees such as lab or library fees, and required books for a business-related undergraduate or graduate course in an accredited college or university.

Courses Eligible for Reimbursement - Eligibility for reimbursement of courses applied to a graduate degree program will be determined by any or all of the following criteria:
- Coursework relevant to the employee's current job assignment;
- Coursework relevant to a position within TCCSC for which the employee is being trained; or
- Coursework relevant to a written development plan established by the employee's manager.

Eligibility for reimbursement of all other courses will be determined by any or all of the following criteria:
- Coursework relevant to the employee's current job assignment;
- Coursework relevant to a position within TCCSC for which the employee is being trained; or
- Coursework that applies to a specific business-related degree.

Professional certifications are specifically covered under this policy. Decisions regarding the fees and expenses associated with preparatory courses or certification exams are left to the discretion of the Executive Director. Situations which are not described, such as testing out of a course for the purpose of credit toward a business-related degree, or reimbursement for the costs of establishing credit for life experience that are applied toward a degree, are left to the discretion of the Executive Director and will be considered on an individual basis.

Educational Benefit -
A. Amount Reimbursed - For eligible employees classified as "full-time," reimbursement for eligible expenses is limited to 75% of tuition expenses up to the following amounts:
- For eligible courses applied to a graduate degree program, not to exceed $1,500 January 1 - December 31 of the current year.
- For all other eligible courses (including undergraduate programs), not to exceed $1,500 January 1 - December 31 of the current year.

For purposes of these limits, an employee who begins pursuing a graduate degree in the fall is considered a graduate student for the entire year and is subject to the $5,250 IRS limit for all reimbursements sought January 1 - December 31 of the current year. Currently, reimbursements of up to $5,250 annually will not be subject to income tax withholdings.

B. Financial Assistance Outside of the Company - Eligible employees who receive assistance from outside sources (scholarships, grants, GI Bill, fellowships, and other stipends) are eligible for tuition reimbursement only if the cost of the tuition exceeds the

amount of assistance received. In such cases, TCCSC will reimburse 75% of the difference for qualifying tuition, up to the total allowable dollar amounts noted above.

C. Payback Agreement - As a condition of tuition reimbursement, for undergraduate degree programs, the employee must agree that if he or she voluntarily or involuntarily leaves TCCSC, the employee will repay TCCSC the full amount of any tuition reimbursements received during the twelve month period preceding the employee's termination date.

For graduate degree programs - The employee must pay 100% of any tuition reimbursements received during the twelve month period preceding the employee's termination date;
AND the employee must repay 50% of any tuition reimbursements received 13-24 months prior to the employee's termination date.

This payback agreement will not be enforced in situations where the employee's position is eliminated and he/she may be eligible for severance.

Procedures:

To qualify for and receive tuition reimbursement, the employee must:

1. Complete the Tuition Reimbursement Request and Repayment Agreement forms and have them approved by his/her supervisor/manager and the Executive Director before enrolling in the course. Retain the completed form until the course is completed.
2. Enroll, pay the tuition and complete the course.
3. Obtain evidence of satisfactory completion of the course as well as a statement/receipt reflecting the amount of the tuition paid (such as a tuition statement or receipt of payment for tuition).
4. Submit the approved and signed Tuition Reimbursement Request Form, as well as the grade report and a statement/receipt reflecting the amount of the tuition paid (such as a tuition statement or receipt of payment for tuition) to the HR Director. Any additional paperwork that may affect the amount to be reimbursed (i.e., grants, scholarships, GI bill, etc.) should accompany the paperwork.
    a. Paperwork should be submitted within 60 days of course completion.
5. Approved reimbursements will be deposited, along with the employee's regular pay, into the employee's bank account for those employees who have direct deposit of their pay. Other employees will receive the reimbursement in the paycheck they receive. Reimbursement will generally occur within 30 days or two pay periods following submission of all of the appropriate paperwork. For example, if paperwork

is completed and approved by the 1st of the month, the reimbursement will generally occur on the last paycheck of that same month.

Education Assistance reimbursement is subject to Executive Director approval, available funds and the program may be withdrawn at any time without notice.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administrative	**NUMBER: 3.17**
SUBJECT: License Renewal & Re-credentialing	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: January 2013**
TO BE PERFORMED BY: All Clinical Staff	**REVISION DATE: November 5, 2020**
Electronic File Location:	Page **1** of **5**

Purpose:

To provide compliance with all regulatory requirements regarding renewal and re-credentialing of professional licenses, registrations, certificates and license waivers. To ensure timely renewal of licenses. All Clinical staff must renew and have on file a valid Psychiatrist, Psychologist, LCSW, ASW, LMFT, AMFT (Clinician) license.

Policy:

(1) As a condition of employment, Clinicians must maintain a valid and active professional license to practice within the scope as defined by the CA Board issuing such license.

(2) Clinicians whose license expires prior to renewal may not perform any duties requiring license.

(3) At the time of license renewal/re-credentialing/renewal, clinician must provide completion of continuing education requirements and a signed attestation to the following:

a. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
b. A history of loss of license or felony conviction;
c. A history of loss or limitation of privileges or disciplinary activity;
d. A lack of present illegal drug use; and
e. The application's accuracy and completeness.

(4) Human Resources will include a re-check of original credentialing information every two years.

(5) The re-credentialing/renewal process must be conducted in a non-discriminatory manner.

Definition:

- Clinicians include Psychiatrists, Psychologists, and Therapists

- As used in this policy, license means registration, certification, license waiver as applicable to the specific classification.
- Timely renewal is renewal prior to the expiration date as permitted by the licensing board, agency or organization.
- Continuing education for re-credentialing/license renewal means satisfaction of any applicable continuing education requirements, as required for the particular provider type.
- Psychiatrist – Physician and Surgeon License
- Psychologist – Board of Psychology
- LCSW – Licensed Clinical Social Worker
- ASW – Associate Social Worker
- LMFT – Licensed Marriage and Family Therapist
- AMFT – Associate Marriage and Family Therapist

Procedure:

RESPONSIBILITIES

Human Resources (HR):

(1) Upon hire, Human Resources obtains a copy of Clinician's license and enters the expiration date in the HRIS system.

(2) The HRIS system sends automatic notifications to Human Resources and Clinician in the duration of 60, 30, 10, and 5-day increments prior to license expiration date.

(3) Human Resources notifies Clinical Director / Program Director and Coordinator of Therapist license expiration date. The Executive Director is notified of Psychiatrists and Psychologists expiration dates.

(4) If a copy of the renewed license, new attestation, and evidence of continuing education requirement satisfaction has not been received upon initial request; second reminders will be sent to Clinicians approximately two (2) weeks later.

(5) Human Resources runs the Board of Behavioral Sciences (BBS) report on the expiration date to determine status of license.

(6) If copy of the renewed license has not been received by the expiration date, and status is showing inactive or not renewed; Human Resources notifies Executive Director / Clinical Director / Program Director and schedules a meeting with Clinician and Coordinator to discuss the responsibilities of the Clinician while license is inactive.

(7) Human Resources advises Clinician they cannot perform clinical duties and they are offered, in writing, a position that does not require a license.

(8) If Clinician does not accept lower level role, they are suspended for 30-days without pay. Failure to obtain licensure renewal thereafter will result in termination of employment.

(9) Once renewed license has been received, Human Resources ensures new date is entered in HRIS system.

(10) Human Resources will include a re-check of original credentialing information every two years, to include work history, Clinician privileges (if applicable), malpractice claims (if any), DEA, NPI, NPDP (if any), and continuing maintenance of license sanction and exclusion checking through Providertrust. All such information will be kept in personnel files accordingly.

Clinician

All Clinical Personnel must renew and maintain a valid professional license. As part of the recertification/license renewal process, Clinicians must timely provide an attestation, and evidence of satisfaction of continuing education requirements.

(1) It is the responsibility of the Clinician to ensure that requirements are met and licensure is obtained within applicable deadlines.

(2) Clinician must provide Human Resources with a copy of renewed license, new attestation, and evidence of satisfaction of continuing education requirements, along with identifying the specific type of continuing education completed.

(3) If Clinician experiences any difficulty with the renewal process, they should notify Human Resources in advance. Clinician may exercise right to appeal credentialing decisions, but must do so timely.

(4) If Clinician is on Leave of Absence when license has expired, the clinician must maintain the license in an active status, when and if there is an expectation that the employee will return to full duty employment.

Clinical Director / Program Director/ Coordinator

When informed that the Clinician no longer possesses a valid license, registration, or certificate; the Executive Director / Clinical Director / Program Director / Coordinator:

a) Should consult with Clinician and ensure they are aware they must renew license.

b) Must report serious quality deficiencies that result in suspension of termination of a provider to DHCS, and other authorities as appropriate.

c) Must notify Clinician in event of suspension or termination of a previously approved credentialing approval, that Clinician may appeal such credentialing decisions.

d) If license expires, Coordinator must ensure Clinician does not perform any duties that require the possession of a particular license.

e) Coordinator must reassign Clinician's case load.

DIVISION: Administrative	**NUMBER: 3.17**
SUBJECT: License Renewal & Re-credentialing	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: January 2013**
TO BE PERFORMED BY: All Clinical Staff	**REVISION DATE: November 5, 2020**
Electronic File Location:	Page **5** of **5**

Attachments:

Network Provider Attestation – Riverside County
Network Provider Attestation – Los Angeles County
Provider Credentialing and Re-credentialing Policy Attestation

Network Provider Attestation

In order for Tessie Cleveland Community Services (TCCSC) to ensure compliance with the California Department of Health Care Services Credentialing Policy described in MHSUDS Information Notice No. 18-019, prior to enrollment or continued enrollment as a provider for a LA County mental health or substance abuse plan, clinical providers must complete the following attestation:

I consent to the release of the following information, which is relevant to an evaluation of my qualifications, including information that might otherwise be considered confidential or privileged:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodations;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use;
5. Evidence of current malpractice insurance coverage;
6. The application's accuracy and completeness.

I understand that I have the burden of providing adequate information to TCCSC to demonstrate my qualifications. I understand and agree that any misstatement or material omission in this application will constitute grounds for termination of any and all managed care networks contracting with LA County.

If any material changes occur in the information I have provided in this application making such information no longer correct and complete or affecting my professional status, I understand and agree that it is my obligation to notify TCCSC within ten (10) days of said occurrence. Failure to comply with this obligation may constitute grounds for termination as a participating provider in any and all managed care networks contracting with LA County.

I agree that a photocopy of this document with my signature may be accepted by any entity from which such information is sought, with the same authority as the original.

I attest that the information contained in this application is correct and complete.

_____ _____

Signature **Date**

_____ _____

Name (Print Name) **License Number**

Riverside University HEALTH SYSTEM
Behavioral Health

Network Provider Attestation

In order for the Riverside University Health System-Behavioral Health (RUHS – BH) department to ensure compliance with the California Department of Health Care Services Credentialing Policy described in MHSUDS Information Notice No. 18-019, prior to enrollment or continued enrollment as a provider for RUHS – BH, applicants/providers must complete the following attestation:

I consent to the release of the following information, which is relevant to an evaluation of my qualifications, including information that might otherwise be considered confidential or privileged:

1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodations;
2. A history of loss of license or felony conviction;
3. A history of loss or limitation of privileges or disciplinary activity;
4. A lack of present illegal drug use;
5. Evidence of current malpractice insurance coverage;
6. The application's accuracy and completeness.

I understand that I have the burden of providing adequate information to RUHS – BH to demonstrate my qualifications. I understand and agree that any misstatement or material omission in this application will constitute grounds for termination of any and all managed care networks contracting with RUHS – BH.

If any material changes occur in the information I have provided in this application making such information no longer correct and complete or affecting my professional status, I understand and agree that it is my obligation to notify RUHS – BH within ten (10) days of said occurrence. Failure to comply with this obligation may constitute grounds for termination as a participating provider in any and all managed care networks contracting with RUHS.

I agree that a photocopy of this document with my signature may be accepted by any entity from which such information is sought, with the same authority as the original.

I attest that the information contained in this application is correct and complete.

_____ _____

Signature **Date**

_____ _____

Name (Please Print) **License Number**

Provider Credentialing and Re-credentialing Policy Attestation

In compliance with MHSUDS Information Notice 18-019 (dated 04/24/2018), regarding Provider Credentialing and Re-credentialing for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) pilot counties; page 3 Credentialing Policy

I, _____(HR Staff Name)_____; _____(HR Position/title)_____; have verified the applicable reference items noted below for: _____(Employee)_____.

(Please print your initials for each item verified. Note "N/A" if the item is not applicable)

_____ Work history;

_____ Hospital and clinic privileges in good standing;

_____ History of any suspension or curtailment of hospital and clinic privileges;

_____ Current Drug Enforcement Administration identification number;

_____ National Provider Identifier number;

_____ Current malpractice insurance in an adequate amount, as required for the particular provider type;

_____ History of liability claims against the provider;

_____ Provider information, if any, entered in the National Practitioner Data Bank, when applicable. See https://www.npdb.hrsa.gov/;

_____ History of sanctions from participating in Medicare and/or Medicaid/Medi-Cal: providers terminated from either Medicare or Medi-Cal, or on the Suspended and Ineligible Provider List, may not participate in the Plan's provider network. This list is available at: http://files.medi-cal.ca.gov/pubsdoco/SandlLanding.asp; and

_____ History of sanctions or limitations on the provider's license issued by any state's agencies or licensing boards.

_____ _____

Administrator Signature **Date**

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER:**
SUBJECT: Return to Work	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: May 15, 2020**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **4**

Purpose:

TCCSC strives to assist employees to return to work at the earliest possible date following an injury or illness. However, this policy is not intended to supersede or modify the procedures applicable to employees eligible for reasonable accommodation under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA). Inquiries about the ADA or FMLA should be directed to the Human Resources department (HR).

Policy:

TCCSC's Return to Work policy aims to:

- Assist injured and/or ill employees to successfully return to work when it is safe to do so.
- Reduce the number of days lost to injury or illness.
- Lessen the financial and emotional impact of the injury or illness on the worker by intervening for an early and safe return to work.
- Reduce the costs related to work and non-work-related injury or illness.
- Educate workers on disability management.
- Comply with all legislation, including the California Workers Compensation, OSHA and Department of Industrial Relations Laws.
- Reduce the number of future injuries and illnesses through a healthy and safe workplace.

Definitions:

- Non-work related injury/illness refers to an injury or illness that did not arise out of, or in the course of the workers' employment and includes all workers' compensation claims where liability has been denied. Employers have an obligation to support employees in their recovery of non-work-related injury/illness.
- Work related injury/illness as defined by OSHA Section 1904.5(a) – an injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the injury or illness or significantly aggravated a pre-existing injury or illness.

Procedures:

1. An employee who is injured at work must immediately report the incident to their supervisor or Risk Manager via telephone.
    a. The supervisor or Risk Manager will inform the employee to:
        i. Obtain immediate medical attention.
        ii. If needed, arrange for transportation to obtain medical care.
        iii. Follow company requirements for reporting work-related injuries and illnesses.
        iv. Notify Risk Manager if needed.
        v. Complete a Critical Incident report.
    b. The supervisor or Risk Manager will maintain contact with the employee through the recovery period.
2. The Risk Manager, Human Resources, supervisor and employee will create a return to work plan. The plan shall include:
    a. Medical restrictions that require job modification.
    b. Guidelines for employee adherence to medical restrictions.
    c. Work with the employee and treating health professional to identify suitable work.
    d. Modifications to the workplace as required to accommodate employees who are disabled due to illness or injury.
    e. Monitor the progress of employees in modified work programs and meet with them regularly to ensure they will be successful in achieving their return to work goal.
    f. Steps for the employee to immediately report to their supervisor any difficulties performing assigned work, at which point, the supervisor and employee will work to address the problem.

Roles and Responsibilities

Employer Responsibilities

- Promptly report work-related injuries/illnesses to the Workers Compensation insurance carrier and/or OSHA, if necessary
- Educate all employees about the Return to Work Policy.
- Train all supervisors in effective return to work strategies.

- Train employees annually on proper reporting of incidents and why incident investigations are necessary.
- Notifying employee's supervisor of any medical restrictions that require job modification.

Worker Responsibilities

- Know and follow safety policies and procedures.
- Report any injury/illness immediately.
- If medical attention is necessary, inform the treating health professional that return to work opportunities are available in the workplace to accommodate their physical abilities.
- Keep the treating health professional informed about return to work options and injury/illness symptoms.
- Communicate with the employer through the recovery period, and cooperate with the employer in finding suitable employment for return to work.
- Inform the Risk Manager or other workplace representative(s) about any concerns with treatment, benefits, work duties, changes in circumstances, etc.
- Comply with the recommendations of treating health professionals; attend all medical or rehabilitation appointments regularly; attend independent assessments as requested.
- Take an active role in developing their return to work plan.
- Obtain the necessary documentation from the treating health professional as may be required by TCCSC (for example, functional abilities information).
- Report any concerns with the return to work plan to the supervisor or the Risk Manager, so the problems can be addressed promptly.
- Attend scheduled return to work progress meetings with the Risk Manager or Human Resources.

Supervisor/Manager Responsibilities

- Take appropriate action when an injury or illness is reported.
- Participate in return to work planning.

- Identify appropriate work duties, transitional work options and temporary or permanent job accommodations for employees with disabilities.
- Know who to refer an employee with a disability to if the employee is having difficulties before, during or after they return to work.
- Monitor safe work practices of employees who are returning to work.
- Maintain confidentiality of the worker's injury, illness, or job modifications.
- Promote safe work practices and support the efforts of TCCSC's health and safety program.

Risk Manager Responsibilities

- Provide annual work injury training to TCCSC employees.
- Maintain communication with the employer, the employee and their treating health professional throughout the return to work process.
- Determine the suitability of employment and fitness to return to work.
- Determine compliance with re-employment and co-operation obligations.
- Provide return to work resources that the employee may choose to access.
- In cases where TCCSC and the employee are having trouble achieving a successful return to work outcome:
    - Assist to problem solve workplace issues that present an obstacle for employees to successfully return to work.
    - Facilitate communication between TCCSC, health professionals, and other interested parties.
    - Obtain commitment from the employee and TCCSC on the return to work plan and processes.
    - Attempt to resolve disputes that are preventing a successful return to work outcome.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.19**
SUBJECT: Mandatory Vaccinations	
APPROVED BY: LCSW **Shronda Givens, LCSW**	**EFFECTIVE DATE: August 6, 2021**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Board Approval: November 9, 2021	Page **1** of **2**

Purpose: In accordance with Tessie Cleveland's duty to provide and maintain a workplace free of known hazards, this policy is to contribute to the safety and health of employees and their families; our customers and visitors; and the community at large against infectious diseases, such as COVID-19 or influenza, which may be reduced by vaccination. This policy will comply with all applicable laws, regulations, and contractual requirements and is based on guidance from the Centers for Disease Control and Prevention and state and local health authorities, as applicable.

Policy: All employees are required to receive vaccinations when mandated to do so by an authorized governing entity, such as the CDC, Los Angeles County Public Health Department and/or other authorized entities unless an exemption and/or reasonable accommodation is approved.

Procedure:

1. The Human Resources (HR) manager will notify employees when a vaccination(s) is mandated, or recommended, and the timeframe(s) for compliance.
    a. Tessie Cleveland will provide either onsite access or a list of locations to assist employees in receiving the vaccine.
        i. Employees will be paid for reasonable time-off taken to receive mandated vaccinations.
        ii. For offsite vaccinations, employees are to work with their supervisor/manager in advance to schedule appropriate time to comply with this policy.
2. Employees must provide HR with proof of vaccination when requested, in compliance with the guidelines and deadlines provided by HR.
    a. Before the stated deadline has expired, employees must provide either proof of vaccination or submit and have approved a Request for Accommodations form (RFA), for reasonable accommodations to be exempt from the requirements (see item 3 below).
3. Employees may submit a RFA to HR, in accordance with guidelines established by the governing authority mandating the vaccine.

   a. Employee must request from and submit the RFA to HR within the timeframe communicated to ensure compliance with the vaccine mandate.
      i. HR will begin the interactive accommodation process as soon as possible after receipt of RFA.
   b. HR will review the request on a case-by-case basis and communicate directly with the employee to provide reasonable accommodations, when possible.
      i. Accommodations will be granted on a case-by-case basis after considering the impact on the agency and whether doing so will cause an undue hardship or pose a direct threat to the health and safety of others.
4. Any employee who submits false information or falsified documentation related to their compliance with this policy may be subject to disciplinary action, up to and including termination.
5. Failure to comply with this policy may result in disciplinary action which could include termination.
6. Please direct any questions regarding this policy to HR.

Employee Acknowledgement

I acknowledge that I have reviewed and understand the above policy.

_____
Employee Name (Printed)

_____ _____
Employee Signature Date

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 3.20**
SUBJECT: Religious Accommodations	
APPROVED BY: **Shronda Givens, LCSW**	**EFFECTIVE DATE: August 5, 2021**
TO BE PERFORMED BY: Human Resources	**REVISION DATE: October 4, 2021**
BOARD APPROVAL DATE: September 14, 2021	Page **1** of **2**

Purpose: To provide applicants and employees with protection from discrimination and harassment so they may practice and observe their religious, ethical or moral beliefs free from conflict between their employment responsibilities and their religious beliefs, needs and practices.

Policy: Tessie Cleveland respects the religious beliefs and practices of all employees and will make, on request, an accommodation for such observances when a reasonable accommodation is available that does not create an undue hardship on the company's business.

Definitions:

Religious accommodation - any adjustment to the work environment that will allow an employee or applicant to practice his or her religion.

Religious belief - the belief in the reality of the mythological, supernatural, or spiritual aspects of a religion. Religious belief is distinct from religious practice or religious behaviors with some believers not practicing religion and some practitioners not believing religion.

Personal belief - a belief is an idea that a person holds as being true.

Procedure:

1. Employee requests Religious Accommodation (RA) form from Human Resource (HR).
2. Employee submits RA form to HR.
   a. The request will include the type of religious conflict that exists and the employee's suggested accommodation.
3. HR will evaluate the request considering the following:
   a. If a work conflict exists due to a sincerely held religious belief or practice.

b. If an accommodation is available that is reasonable and that would not create an undue hardship on the agency.

4. HR will meet with employee to discuss the request and possible accommodations.
    a. If the employee accepts the proposed religious accommodation, the HR will implement the decision.
    b. If the employee rejects the proposed accommodation, he or she may appeal following the company's general grievance policy and procedure.
        i. Executive Director will review grievance request and notify HR of decision.
        ii. HR will notify the employee of the decision.
5. Any employee who submits false information or falsified documentation related to their compliance with this policy may be subject to discipline up to and including termination.

SECTION 4

FINANCE

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.01**
SUBJECT: Financial Internal Controls	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To provide protection for all corporate assets while minimizing financial risk.

Policy: TCCSC financial internal controls will provide reasonable assurance of:

a) Effective and efficient financial operations.
b) Compliance with legal, regulatory and standard financial practices.
c) Financial integrity in the use and reporting of corporate funds and other assets.

Procedures:

1. Generally Accepted Accounting Principles are employed to record and monitor all financial transactions.
2. Financial guidelines, issued by the Los Angeles County Auditor-Controller (LAC/AC) and the Federal Office of Management and Budget (OMB), direct the day-to-day operation of accounting processes.
3. Accrual based accounting methods are utilized to record expenditures and revenue.
4. Expenditure requests are approved, in advance, by the Chief Executive Officer (CEO), Chief Operations Officer (COO), or the Executive Administrative Assistant (EAA). No one can approve an expenditure for him/herself.
5. Entries into the accounting system are approved by the COO and posted to the system by the Accounting Technician.
6. All corporation checks are signed by two Board authorized signatories. No signatory can sign a check payable to him/herself.
7. The accounting system security is enhanced by a double-password entry process.
    a) Staff access to varying accounting system modules is restricted to the need to know method
    b) Data is entered into the appropriate subsidiary ledger and flows to the General Ledger accordingly.
    c) General Journal entries are tightly controlled and approved by the COO.
6. Separation of duties is maximized where feasible.
7. Interest earned on contract funding is retained and used for the delivery of services.
8. Progressive fund management and use of interest bearing accounts and securities are utilized.
9. Bank accounts are reviewed quarterly to ensure compliance with Federal Deposit Insurance Corporation (FDIC) limitations.
10. The Board of Director's Finance Committee oversees the investments and investment strategy.

DIVISION: Administration	**NUMBER: 4.01**
SUBJECT: Financial Internal Controls	
APPROVED BY: Moses Cheeseville	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE:**
Electronic File Location:	Page **2** of **2**

11. Annual balanced budgets are compiled and presented sequentially to the Board of Directors and the contract funding sources for approval.
12. An independent auditor prepares the Financial Statements and submits such to the Board of Directors and the Audit Committee.
13. Financial Statements are certified, under Section 906 of the Securities and Exchange Commission, by the CEO and/or COO.
14. A Code of Ethics is maintained on file for all employees, including the CEO and COO.
15. Financial risk is minimized through the routine and on-going financial monitoring; compliance testing of the controls; and auditing, to varying degrees, by the Finance Team members, the CEO, the COO, consultants as needed, the Board-appointed independent Auditor, the Board-appointed Audit and Finance Committees and the Board of Directors.
16. Financial Internal Control deficiencies are reported to management and corrective actions assessed and implemented.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.02**
SUBJECT: Mileage Reimbursements	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE: July 2, 2020**
Electronic File Location:	

Purpose: To inform the employee of the steps necessary for mileage reimbursement and to insure that agency carrier insurance guidelines are being followed.

Policy: Employees conforming to established agency insurance carrier guidelines will be reimbursed for miles driven using personal vehicles to conduct company business in accordance with federal or contractual laws and regulations. Each employee must possess, and at all times maintain, a valid Class C or higher driver's license and be insurable by the agency carrier(s).

Procedures:

1. Employee is responsible for maintaining a valid Class C or higher driver's license and meeting the requirements of the agency insurance carrier at all times.
2. Employee, driving personal vehicles to conduct company business, provides Human Resources (HR) a copy of valid state driver license.
3. Employee maintains, at all times, and provides HR with a copy confirming liability insurance coverage that meets, at a minimum, California state requirements and that names TCCSC as an additional insured.
4. Employee signs an authorization releasing driving record information.
5. Mileage Tracking Procedures: (employee may choose Option 1 or Option 2)
    a. Option 1: Employee maintains a paper mileage journal listing the date, starting time, purpose of trip, starting location, starting odometer reading, ending time, ending location and ending odometer reading.
        i. Employee completes and submits a mileage reimbursement request form, with a copy of the journal covering the mileage period, to the supervisor no later than the 10th of the following month. Forms submitted after the 10th of the month will not be accepted for reimbursement.
    b. Option 2: Employee may elect to use the agency-approved automated tracking application in place of the paper journal, but must adhere to all policies and procedures described in the Tessie Mileage Application User Guide related to the use of this application.
        i. Application users will submit a copy of the app's monthly summary report in place of their journal, and attest to its accuracy each month. Forms submitted after the 10th of the month will not be accepted for reimbursement.
6. Supervisor reviews mileage form and compares it with the daily journal or app summary report and notes in the Clinitrak system.

7. Supervisor signs attesting to the accuracy and reliability of the mileage claim.
8. Supervisor forwards the form to the Budget Analyst. Mileage claims over established threshold will be audited and copies of notes and/or other supporting documents may be requested.
9. Budget Analyst reviews and approves the mileage forms prior to issuance of reimbursement.
10. Budget Analyst forwards approved mileage forms to Finance.
11. Mileage checks are distributed by the end of the month following the claim period.
12. Finance ensures the appropriate cost center is charged, maintains copies of all mileage forms and payments.
13. TCCSC does not provide retro-reimbursement for mileage expenses. Mileage forms must be submitted by no later than the 10th of the current month, for miles driven the preceding month, and in accordance with the above outlined guidelines.
14. HR will notify the Executive Director, Chief Operating Officer, Coordinator, Finance and Employee of any identified issues relating to license and insurance documentation that cannot be duly resolved. Failure of the employee to keep required documentation up-to-date will result in loss of driving privileges.
15. Employee is not allowed to use rented or borrowed vehicles to conduct TCCSC company business, unless pre-authorized by the Executive Director.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.03**
SUBJECT: Expenditure Authorization/Check Request	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE:**
Electronic File Location:	Page **1** of **5**

Purpose: To ensure fiscal accountability through timely processing of expenditure authorization, check and petty cash requests and use of company credit cards.

Policy:TCCSC expenditures are for purchase of good and/or services, necessary to conduct agency business, and require prior approval of the ED or designee.

Definitions:

Major purchases – non-routine purchases of goods or services costing $500 or more and requiring an informal bid process; goods or services costing more than $5,000 and requiring a formal bid process; and, fixed assets.

Fixed Asset – non-expendable, tangible, depreciable item with a useful life of three or more years, costing $5,000 or more.

Practice:

This Expenditure Authorization/Check Request (EA/CR) Policy, together with the Procurement Policy, set forth the terms and conditions for ordering equipment, goods and services. Additional steps are required, under the Procurement Policy, to justify major purchases and provide required documentation.

Procedures:

A. Check Request
   1. Employee identifies the need to purchase equipment, goods and/or services necessary to conduct agency business and researches the most cost-effective place to purchase/procure the item(s), considering quality, cost, shipping and availability.
      a. Verbal approval of the Executive Director (ED) should be obtained prior to beginning process for major purchases.
   2. Employee completes an EA/CR form and obtains quotation.
      a. Non-routine items costing between $500 and $4,999 must have price comparison and quotes from three sources, which may include internet sites.
      b. Fixed assets, service request and/or contracts costing $5,000 or more must have three open competitive bids, dated, signed by and on the vendor's letterhead.

c. Sole source purchase justification must clearly demonstrate why it is in the agency's best interest to obtain the services/item from the requested vendor. Reasons may include:
   i. Vendor successfully used previously.
   ii. Vendor is uniquely qualified to deliver goods or services.
   iii. Item cannot be obtained from any other source.

3. Employee submits EA/CR form and supporting documentation (quotation(s) or sole source justification) to supervisor for review and approval.
4. Supervisor reviews and approves documentation and forwards to ED or designee for approval.
   a. Non-routine items costing $500 or less may be approved by the COO or Executive Administrative Assistant.
5. ED approves EA/CR form and submits to Accounting.
   a. Disapproved EA/CR is returned to requesting employee with reasons for denial.
6. Accounting issues check on next routine processing, usually within 7 days.
   a. Request for expedited processing must be justified, have COO approval.
      i. Allow a minimum of 3 working days for check processing.
7. Accounting routes check according to directions included on EA/CR form.
8. Accounting notifies employee of order date via e-mail when check is routed to vendor.
9. Vendor delivers goods and packing slip or services to the agency, according to instructions included on EA/CR.
   a. Receiving person forwards shipping slip to Accounting.

B. Company Credit Card - Use of a company credit card, in lieu of a check or petty cash request, is limited to transactions when use of other forms of payment is not feasible or suitable. The EA/CR procedure should be followed to the extent possible and Executive pre-approval is required.
   1. Employee identifies a need to purchase equipment, goods and/or services necessary to conduct agency business and researches the most cost-effective place to purchase/procure the item(s), considering quality, item cost, shipping and availability.
   2. Employee obtains verbal authorization from ED or designee prior to making credit card purchase.
   3. Employee purchases item and obtains receipt.
   4. Employee submits receipt to Accounting posted on an 8 ½" X 11" blank paper indicating:

a. Description and reason for the charge
b. If the receipt is for a meal, indicate who was in attendance, reason for meeting, and what program should be charged, if applicable.
c. Non-routine times costing $500 or more must have price comparison and quotes from three sources, which may include internet sites.
d. Items costing $5,000 or more must have three open competitive bids, dated and signed by the vendors.

5. On the rare occasion a receipt is lost; employee should complete and submit to Accounting, the Lost Receipt form.
   a. Employees using a company credit card who cannot provide a receipt for the purchase may have charge privileges revoked.
6. Accounting notifies the ED of lost receipts.

C. Petty Cash - Petty cash should be used for incidental and non-routine items costing $100 or less and emergent Wraparound purchases/services up to $500. These transactions must have prior management authorization to guarantee payment.
   1. Employee identifies a need to purchase equipment, goods and/or services costing less than $100 or, in the case of emergent Wraparound client needs, $500.
   2. Employee requests authorization from the ED or COO.
      a. Employee may be authorized to purchase item using personal funds and submit receipt thereafter.
         i. Submit approved EA/CR form, with receipt of purchase, to ED for approval.
         ii. Submit approved form to COO for payment.
         iii. COO issues cash reimbursement to employee.
      b. Employee may receive authorization to complete a petty cash request to obtain funds prior to purchasing item and provide receipt thereafter.
         i. Submit EA/CR form to ED or COO for approval.
         ii. Approved form is submitted to COO.
         iii. COO issues cash and obtain signature confirming receipt.
         iv. COO forwards documentation to Accounting.
      c. Employee has two (2) working days following receipt of funds to provide Accounting with receipt(s) confirming purchase.
         i. Accounting notifies employee's Coordinator and ED when employee fails to provide receipts within working 2 days of cash issuance.
         ii. Coordinator ensures employee provides receipts immediately or I commences disciplinary action.

3. Accounting reconciles Petty Cash funds on a monthly basis to ensure adequate cash is available according to agency and Wraparound policy.

D. Wraparound Non-emergent Flexible Spending Request - The Wraparound Program Flexible Spending Funds shall be used solely for the benefit of Wraparound Program children and families; on pre-authorized, reasonable, allowable expenditures within budget; for the provision of necessary care and services as specified in the client's plan of care; as needed for client or family emergency situations; and, as outlined in the DCFS Agreement.

1. Wraparound facilitator completes the EA/CR form and documents on it:
   a. Date item was discussed in the Client and Family Team Meeting.
   b. Domain addressed by the items
   c. Attempts to obtain the item through alternative non-cost methods.
2. Facilitator obtains supporting documentation.
   a. Non-routine items costing less than $500 must have a quote that is reasonable quote from a reputable source.
   b. Non-routine times costing between $500 and $4,999 must have price comparison and quotes from three sources, which may include internet sites.
   c. Items costing $5,000 or more must have three open competitive bids, dated and signed by the vendors.
3. Facilitator submits form and supporting documentation to the Wraparound Coordinator.
4. Coordinator reviews and approves EA/CR form and submits with supporting documentation to the ED.
5. ED approves EA/CR form and submits it to Accounting.
6. Accounting issues check on next routine processing, usually within 7 days.
   a. Request for expedited processing must be justified, have COO approval.
   b. Allow a minimum of 3 working days for check processing.
7. Accounting routes check according to directions included on EA/CR form.
8. Accounting notifies employee of process date via e-mail, when check is routed. A disapproved EA/CR is returned to requesting employee with rationale.
9. Vendor delivers the goods and packing slip or services to the agency, in accordance with instructions provided on the EA/CR form.
   a. Receiver forwards copy of shipping documents to Accounting.
10. Accounting enters disbursement into Accounting System and files invoice and shipping notice in current year files.

E. Wraparound Emergent Flexible Spending Request – Funds for emergency requests for Wraparound funding will generally be available within two (2) hours of receipt of approved request by Accounting.

1. Wraparound facilitator completes the EA/CR form and documents:
    a. Date item was discussed in the Client and Family Team Meeting.
    b. Domain addressed by the items.
2. Facilitator walks form and supporting documentation to the Wraparound Coordinator.
3. Coordinator reviews and approves EA/CR form and walks form with supporting documentation to the ED.
4. ED approves EA/CR form and faxes copy to Accounting.
5. Wraparound Coordinator calls Accounting to ensure receipt of form.
6. Accounting processes request immediately, usually within 2 hours of receipt of faxed form.
7. Accounting notifies Wraparound Coordinator that check/funds are ready for pick-up.
8. Wraparound Coordinator arranges pick-up of funds by Facilitator or designated team member.
9. Wraparound Coordinator forwards original signed copy of the EA/CR form to Accounting immediately after faxing.
10. Facilitator forwards within 2 working days of receipt of Wraparound Program funds, original receipt(s) and justification detailing:
    a. The need and demonstrating consistency with the client's plan of care and the DCFS Agreement
    b. A legend of research completed for low cost, quality products and services
    c. Alternative methods of addressing the needs
11. Accounting notifies Wraparound Coordinator, ED and COO when Facilitator does not provide supporting documentation identified in item 10 above within 2 working days of fund (check) receipt.
12. Wraparound Coordinator ensures facilitator provides Accounting with necessary documentation immediately or commences disciplinary action.

4. A disapproved EA/CR is returned to requesting employee with rationale.
5. The vendor delivers the goods and packing slip or services to the agency and the invoice to Finance.
6. Finance enters disbursement into Accounting System.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.04**
SUBJECT: Financial Planning – Budget Procedure	
APPROVED BY: Moses Cheswick	**EFFECTIVE DATE: April 14, 2009**
TO BE PERFORMED BY: Budget Analyst	**REVISION DATE: January 11, 2010**
Electronic File Location:	

Purpose: The organization achieves financial accountability and viability through sound financial management practices and ensures management and the Board is involved in budget development and oversight.

Policy: The budget planning process is completed annually, includes management and the Board of Directors, is completed after a comprehensive review of relevant data, and adheres to contractual requirements.

Definitions:

Budget - A numerical summary of an organizations available resources and how those resources are to be allocated based on anticipated future expenditures for various items such as equipment, training and development programs, benefits, implementing new processes or services, etc.

Procedures:

A. Executive Director and management staff analyze current and potential costs for program, administration, evaluation, and fund raising.
B. Executive Director and management staff analyze current and potential sources of revenue and prepare or oversee preparation of a fund development plan.
C. Board of Director reviews operational and program costs, fund raising priorities and identifies budget priorities during its annual retreat.
D. With input from the Board of Director, Executive Director and management, the budget analyst prepares an annual budget for the agency overall and for each program.
    a. Budgeting process including incorporating effective budget management techniques into day-to-day operations, analyzing determinants of costs and allocations, getting staff input into the budgeting process, and tie outcomes to specific budget categories.
    b. Program budgets include direct costs that are identified specifically with that program and a prorated share of indirect costs anticipated to be incurred for common or joint objectives, and cannot be readily identified with a particular final cost objective.
        i. Program specific budgets are prepared according to funder requirements and are incorporated into the agency format.

ii. A method is established for budget planning and monitoring at the program level.

c. The annual budget is tied to program outcomes and supports operations and evaluation.

E. The Executive Director is responsible for generating revenue and operating within the annual budget.

F. Board approves and monitors the annual budget.
   a. Board approves annual budgets that contain realistic projections of revenue and expenses.
   b. Board reviews budgets at each meeting and approves revisions and variances.

G. The budget analyst tracks revenue generation and key costs of operation.
   a. Monitors costs monthly, including direct, indirect and allocation of staff time to program, administration, evaluation, and fundraising activities to prepare reports and budgets for future years.
   b. Identifies and reports on variances.
   c. Monitors billing and revenue generation for each program and for funding raising activities.
   d. The budget analyst ensures a system exists for tracking revenue and expense streams to comply with reporting requirements, funder's expectations and to effectively manage organization's finances.

H. Budget analyst prepares monthly budget reports for the Executive Director and quarterly reports for the Board, Finance Committee.
   a. Ad hoc reports are prepared as requested by the Executive Director, COO and/or Board.
   b. Budget variances are reviewed and approved by Executive Director and included on reports to Board of Director.
   c. Executive Director involves Program management staff in the budget development process as well as in the monitoring process so that they have a clear understanding of the connections between the budget and their program areas.

I. The Fiscal Officer, COO and/or ED analyzes budget information on a regular basis to include:
   a. Financial performance against budget projections with budget-to-actual variance analyses performed on interim financial statement of activities.
   b. Program revenues and actual service delivery costs.

J. An annual inventory of significant assets is performed and included as part of the budget documentation provided to the Board of Directors for budget planning and included with final budgets for approval by the Board of Directors.

K. The COO frequently checks the cash bank account balances online, comparing the Check Receipt log with deposits posted to the bank account. A sampling of the checks that have cleared the accounts are also reviewed.

L. The Fiscal Officer prepares the Cash Flow Report showing cash flowing in and out in order to anticipate use of cash, avoid unforeseen problems, and respond to changes. This report is reviewed by the COO and appropriate changes are made, if necessary.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.05**
SUBJECT: Procurement Policy	
APPROVED BY: Moses Cheswick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE: October 1, 2016**
Electronic File Location:	

Purpose: To ensure fiscal responsibility by purchasing goods and services from vendors providing the best competitive advantage to the agency, in accordance with regulatory guidelines.

Policy: Sound procurement practices are employed to ensure purchases and contracts are made in an open, cost-effective and competitive manner.

Definitions:

Formal bid process - an open, competitive bid process to include a Request for Proposal (RFP) and negotiations, if necessary. Three or more bids are required, if possible.
Informal bid process – requiring cost comparisons and price quotes from three sources for items costing between $500 and $4,999.
Major purchases – non-routine purchases of goods or services costing $500 or more and requiring an informal bid process; goods or services costing more than $5,000 and requiring a formal bid process; and, fixed assets.
Non-routine items – items not maintained in stock for regular and routine business use.
Sole source procurement – a major purchase, without a formal bid process, where the justification clearly demonstrating why it is in the agency's best interest to obtain the services/item from the requested vendor. Reasons may include:

a. Vendor successfully used previously.
b. Vendor is uniquely qualified to deliver goods or services.
c. Item cannot be obtained from any other source.

Fixed assets – non-expendable, tangible, depreciable items having a useful life of three or more years, costing $5,000 or more.

Procedures:

1. The Procurement Policy, together with the Expenditure Authorization/Check Request (EA/CR) Policy, set forth the terms and conditions for ordering goods and services.
2. The approval of the proposed expenditure and procurement approach must be obtained from the Executive Director, or designee, prior to beginning the process for a major purchase.
3. The procurement process for purchasing major and non-routine items follows the EA/CR Policy below with the addition of an informal or formal bid process:
    a. Employee identifies a need to purchase goods and/or services deemed necessary to conduct agency business and completes an EA/CR form and supporting documentation for Executive approval.
    b. Disapproved EA/CR is returned to requesting employee with rationale.

c. Approved EA/CR is sent to the requestor to begin bid process.
d. When a successful bidder is determined, the approved EA/CR is sent to Accounting in accordance with the EA/CR Policy.
e. Accounting enters the vendor information into the accounting system.
    i. Prepares check and submits with documentation to signatories for goods.
    ii. Forwards check to management for signature.
    iii. Once returned, delivers check to vendor according to purchasing instructions.

4. Vendor delivers the goods and packing slip or services to the agency in accordance with delivery instructions.
    a. Invoice and packing slip forwarded to Accounting for filing with related documentation.
    b. Enters contract information into system when services are purchased.
        i. Receives invoice from vendor once services are delivered.
        ii. Forwards to management for confirmation and approval to pay.
            1. Issues check to vendor.
            2. Delivers according to contract instructions.
            3. To maximize cost-effective purchasing practices, routine office supplies and/or goods/services are consolidated and processed as single orders.
5. With Executive approval, at the beginning of the fiscal year, EA/CR forms are submitted to Accounting to establish purchase orders for routine expenditures with local vendors.
6. To order routine office supplies, a TCCSC requisition form is completed and submitted to supervisor for approval.
    a. The approved form is forwarded to the designated supply clerk for processing.
7. The designated supply clerk maintains an inventory of routine office supplies.
    a. Fills orders weekly from current stock whenever possible.
    b. Consolidates orders for items not in stock and to replenish stock.
    c. Completes a TCCSC requisition form to maintain a PAR level and for non-routine office supplies.
        i. Submits form to Executive Director for approval to order.
        ii. Receives approved form from ED.
    d. Submits order request to Chief Operating.
        i. COO orders supplies from approved vendors.
    e. Supplies are received by the designated supply clerk or COO, depending on delivery location.

i. Order is check to confirm delivery of all items.
ii. Disburse items according to approved requisition.

8. The Company credit card is to be used to purchase goods and services only with prior approval of the Executive Director and only when in the best interest of the agency to do so. A check request or petty cash should be the primary means of purchasing.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Finance	**NUMBER: 4.05.1**
SUBJECT: Supply Ordering	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: August 1, 2019**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page 1 of 3

Purpose: To ensure staff have the supplies needed to perform their assigned TCCSC duties and tasks efficiently and effectively.

Policy: TCCSC will stock and, upon request, provide employees with basic office supplies used routinely on a day-to-day basis (such as pens, note pads, staples, paper clips, and other things used frequently in an office setting). Employees needing non-routine items may submit a supply request for consideration to his/her supervisor. All office supplies are for TCCSC business use only and must not be used for non-business purposes.

Procedures:

A. Routine Supply Request:

1. Requestor completes the Office Supply Order form identifying items and quantify needed (see attached form).
2. Requestor submits request to his/her Coordinator or immediate supervisor (Supervisor) for approval.
3. Supervisor forwards request to Budget Analyst.
4. Budget Analyst fulfills order from existing stock supplies.
    a. If item(s) is out-of-stock, Budget Analyst orders item(s) on the next supply order.
5. When the order is complete, Budget Analyst informs requestor items are ready for pick-up from Carson office or, if requested to do so, arranges for delivery to requestor's primary office location.
    a. Item(s) should be available within two weeks of submitting the request.
6. Budget Analyst ensures an adequate supply of routine items is maintained.
    a. When supply is low, he/she orders needed items.

B. Non-Routine Supply Request:

1. Requestor completes Office Supply Order form identifying needed item(s) and quantity of each in the Special Request Items section of the Office Supply Order form and provides justification for the item(s).
2. Requestor submits request to his/her Supervisor for approval.
3. Supervisor forwards request to his/her Manager (COO, DMH or Riverside Clinical Director).
4. COO, DMH or Riverside Clinical Director reviews request to ensure item is needed to perform his/her duties and determines the cost effectiveness of the request.

a. Do not order items requested as a result of a medical condition. These requests must be submitted to HR and will be honored if possible and/or feasible. See Section C.
b. Do not request items that are not necessary to perform TCCSC duties or are not cost-effective.

5. Budget Analyst reviews order form to ensure requested item(s) is non-stock.
   a. If a stock item, follow process as outlined Section A.
6. Budget Analyst submits request to CEO for approval.
7. CEO approves request and returns it to Budget Analyst.
   a. If item(s) are not approved, CEO informs Budget Analyst who returns the request to the Manager who submitted it.
      i. If additional information is needed, Manager provides information and resubmits the order to the Budget Analyst.
      ii. If the order is denied, Manager informs staff.
8. Budget Analyst orders item(s).
9. When the order is complete, Budget Analyst informs requestor item(s) are ready for pick-up from Carson office or, if requested to do so, arranges for delivery to requestor's primary office location.
   a. Under normal situations, item(s) should be available within two weeks of submitting the request.

C. Item(s) Requested as a Result of a Medical Condition.

1. Requestor obtains a prescription from a physician or other licensed medical professional.
2. Requestor completes a Check Request and submits it and the prescription to HR.
3. HR reviews the request to determine if the order is complete and if it is feasible to provide the requested item to address the medical condition.
   a. HR consults with the Risk Manager and/or CEO to determine if the requested item is necessary for the requestor to perform his/her duties.
      i. If additional information is needed, HR contacts requestor.
4. If it is determined that the item requested is not necessary to perform TCCSC duties, HR refers the request to the CEO.
   a. CEO meets with requestor and discusses concerns.
   b. If concerns are addressed, CEO approves request and directs staff to order requested item.
   c. If concerns are not addressed, CEO denies request and notifies requestor.

DIVISION: Finance	NUMBER: 4.05.1
SUBJECT: Supply Ordering	
APPROVED BY:	EFFECTIVE DATE: August 1, 2019
TO BE PERFORMED BY: All Staff	REVISION DATE:
Electronic File Location:	Page 3 of 3

5. If item cost more than $500, staff notifies COO so that item can be added to TCCSC's inventory, prior to distributing it.
6. Budget Analyst informs requestor item(s) are ready for pick-up from Carson office or, if requested to do so, arranges for delivery to requestor's primary office location, once IT has tagged the item and included it in TCCSC's inventory.

OFFICE SUPPLY REQUEST

Tessie Cleveland Community Services Corp

Sign & Date

Requestor: _____

Supervisor: _____

Desktop	QTY
Binder Clips (Small)	
Binder Clips (Medium)	
Binder Clips (Large)	
Glue Stick	
Highlighter (Multi)	
Paper Clips (Small)	
Paper Clips (Regular)	
Paper Clips (Large)	
Paper Clips (Jumbo)	
Pencil Eraser	
Pencils	
Pens (Black)	
Pens (Blue)	
Pens (Red)	
Rubberbands (Medium-64)	
Rubberbands (Large-117)	
Ruler	
Scissors	
Sharpie (Black)	
Staple Remover	
Stapler (Desk)	
Staples (1 Box)	
Tape (Invisible)	
Tape Dispensor	

Batteries	QTY
AA	
AAA	
C	
D	

Filing Supplies	QTY
3 Ring Binder 1"	
3 Ring Binder 1 1/2"	
3 Ring Binder 2"	
3 Ring Binder 3"	
Accordian File Folder	
File Folder Labels 5366 (1 Sheet)	
Hanging File Folder (Letter)	
Index Dividers	
Manila File Folder (Letter)	

Paper / Stationery Supplies	QTY
Copy Paper (1 Box)	
Envelope (Letter)	
Envelope (9X12)	
Envelope (10X15)	
Mailing Labels 5160 (1 Sheet)	
Note Pad (Letter Size)	
Post Its (3M - Easle)	
Post Its (3X3)	
Return Address Labels (1 Sheet)	

Special Request Items (Brief Description)

Provide brief justification for Special Request Items:

Sign & Date

Approved By: _____

Completed & Delivered: _____

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 4.06**
SUBJECT: Client Fees and Expenses	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose:

To ensure that Tessie Cleveland Community Services Corp. (TCCSC) is adequately reimbursed for all services rendered.

Definitions:

Medi-Cal Share of Cost (SOC)- Medi-Cal offers health care coverage to individuals and families who have income too high to qualify for welfare, but too low to cover health care costs. Medi-Cal requires these recipients to contribute to their health care by paying a share of the cost of services they receive. SOC is a term that refers to the amount of the health care expenses a recipient must accumulate each month before Medi-Cal begins to offer assistance. Once a recipient's health care expenses reach a predetermined amount, Medi-Cal will pay for additional covered expenses for that month. SOC is an amount owed or obligated to the provider of health care services, not to the state.

Indigent Share of Cost- When a client has no form of health insurance, service fees will be determined by a sliding scale, unless they qualify under the Mental Health Services Act.

Policy:

All clients will receive mental health services pending payment of all determined fees and expenses.

Procedures:

1. When a new client is enrolled in the program, Medi-Cal must be verified.
2. The IS Data Control Clerk will identify that the client either has full Medi-Cal or if there is a Share of Cost and the amount.
3. The therapist completes the UMDAP and the **CLIENT FINANCIAL OBLIGATION** and returns them to the Coordinator.
4. The Coordinator will review them and forward them to the IS Department.
5. The IS Data Control Clerk will refer billing forms for clients with SOC to the Financial Analyst.

6. The Financial Analyst will sign off on the SOC form. When the total cost for services rendered equals the SOC, the Financial Analyst will notify the IS Department to update the Medi-Cal system and begin billing Medi-Cal for services in excess of the SOC.

7. The Financial Analyst will monitor the client's account on a monthly basis to ensure payments are received according to the agreed upon Payment Plan.

8. If the guarantor does not pay for services as agreed upon, the Financial Analyst will refer the case to the Executive Director for a determination to continue services.

9. Clients determined not to have Medi-Cal or any other health insurance may be obligated to pay for services by a sliding scale, unless they qualify for a program funded by the Mental Health Services Act.
    a. Sliding Fee Scale Summary
        i. Sliding scale must be offered to all clients who meet eligibility criteria
            a. Eligibility criteria must be developed from the Federal Poverty Guidelines, based on family size and income
                i. Discounts to all patients below 200% FPL
                ii. Patients between 101-200% FPL receive a discount
            b. The collection of family size and income information from all patients must be a part of client's intake process.
                i. Clients who decline to offer this information are ineligible for the sliding scale
                ii. Clients will be given 14 days to provide the documentation if they do not have it available at the time of intake.
                iii. Sliding scale is granted to client for the intake based on self-reporting
            c. Required Documentation for sliding scale:
                i. Proof of income (employed): 1040, W2, 2 recent pay stubs or written statement from employer
                ii. Proof of income (unemployed): Public assistance check stub, SSI check or letter of award

iii. Proof of address: copy of drivers license or i.d., copy of utility bill

ii. Sliding scale is inclusive and covers:
   a. Initial assessment and intake
   b. All therapeutic interventions as listed in Client's Care Plan and treatment goals including:
      i. Therapist visits
      ii. Intensive Case Management
      iii. Psychiatrist services (if needed)

10. Clients determined to have private insurance/HMO coverage may not qualify for TCCSC services, unless approved and reimbursed in full by the insurance/HMO provider.
    a. Clients are required to notify TCCSC of any third party benefits (including Medi-Cal, Medicare, and private insurance/HMO coverage). Failure to do so may result in clients being responsible for the full cost of their care from the date of admission.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 4.07**
SUBJECT: Employee Business Travel	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: July 1, 2009**
TO BE PERFORMED BY: Finance	**REVISION DATE:**
Electronic File Location:	

Purpose: To provide a clear and consistent understanding of allowable expenses and the process of reimbursement for employee business travel.

Definitions: N/A

Policy: Employee business travel must be for the betterment of the agency; must be approved in advance by the Executive Director; and reimbursement is limited to the maximum per diem allowable by federal rates or contract funding source guidelines.

Procedures:

1. Employee must submit a Request for Employee Business Travel form to the Executive Director thirty (30) days in advance of the requested travel dates, or as soon as reasonably possible.
2. Travel accommodations must be booked at the lowest airfare, hotel and/or car rental rate offered at time of booking. Verification of lowest rates must be provided with request form. Costs in excess of lowest available must be justified and approved. The request must include:
   a. Employee name
   b. Employee job classification
   c. Date(s) and time of travel
   d. Destination location
   e. Distance from TCCSC headquarters
   f. Purpose of travel/conference
   g. Method of travel
   h. Overnight arrangements/number of occupants
   i. Estimated cost
      i. Conference fees
      ii. Travel at coach rates
      iii. Car Rental/Shuttle
      iv. Federal Per Diem rates for destination city
      v. Number of travel days/nights
      vi. Hotel
      vii. Mileage, if needed
   j. Verification of lowest cost available
   k. Justification for cost in excess of lowest available, if needed
3. Employee travel is limited to business needs on, behalf of TCCSC, and within the Continental United States, unless otherwise approved by the Board of Director designee.

4. Hotel rates must be in compliance with federal guidelines which differ dependent upon the destination city. Verification of maximum rate reimbursable can be obtained from www.gsa.gov (Per Diem Rates).
5. Meals and incidental expenses, for overnight travel, will be reimbursed at the lesser of actual cost or on a per diem basis, as requested by traveler. Partial day travel meals and incidental expenses shall be reimbursed at actual cost not to exceed the maximum rate allowable. The maximum rate can be obtained from www.gsa.gov. (Per Diem Rates M&IE.)
6. Company credit card can be used to book airfare and hotel with prior approval of the Executive Director or his/her designee.
7. Employee must pay for his/her meals and incidental expenses out-of-pocket and submit a Check Request upon completion of travel, unless otherwise approved by the Executive Director in advance of travel.
8. To obtain travel reimbursement, the following supporting documentation must be submitted, attached and in the following order, to Finance:
   a. An Expenditure Authorization/Check Request form detailing the travel expenses to be reimbursed;
   b. A copy of the approved Employee Business Travel form;
   c. Original receipts for approved travel expenses attached to an 8 ½" X 11" blank paper;
   d. Original receipts for expenses, pre-paid with a company credit card, identified as such and attached to a separate 8 ½ X 11 sheet of blank paper;
   e. Mileage log enumerating dates, destination, headquarters, purpose of trip and mileage, and;
   f. Literature detailing the purpose of the conference/training, if applicable.
9. When group expenses are included on a receipt, the following documentation is also required and must be recorded on the expense reimbursement request:
   a. Names, and titles/companies if applicable, of individuals present;
   b. Name and location of meal or event;
   c. Exact amount and date of the expense, and;
   d. Specific business topic discussed.
10. When more than one employee is present at a business meal, the most senior level employee should pay and expense the bill.
11. Finance will review the documentation and current applicable per diem and mileage rates, prepare the travel reimbursement check and present the check and supporting documentation to the signatories for review and signature.
12. It is the responsibility of the employee requesting reimbursement to provide Finance with complete documentation. Failure to provide all required supporting

documentation, including original receipts, will result in loss of or delay in reimbursement.

SECTION 5

PAYROLL

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.01**
SUBJECT: Payroll Policy	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE: January 9, 2017**
Electronic File Location:	

Purpose: To achieve payroll financial accountability and viability through the application of sound financial management practices that accord with legal and regulatory requirements.

Policy: TCCSC payroll practices will comply with federal and state wage and hour laws and contractual obligations.
A
Definitions:
Mandated deductions - deductions required and regulated by federal and state agencies or designees
FLSA - Federal Labor Standards Act
Voluntary deductions - deductions an employee voluntarily authorizes
W-4 - Federal Withholding Certificate
941 - Employer's Quarterly Federal Tax Return
DE 6 - State of California (EDD) Quarterly Wage and Withholding Report

Procedures:

1. Executive Director or designee approves all new hires and terminations.
    a. Human Resources (HR) provides new employees with access to TCCSC's on-line new hire package to include federal and state required tax and regulatory reporting documents.
    b. HR reviews the electronic documents to ensure they are correct and enters information needed by Payroll into Paycom, including employee identification number and W-4 information (see Payroll Handbook for required information.)
    c. HR notifies Payroll upon termination of employee.
2. Timesheets are completed by each employee and require two levels of review and approval.
    a. Payroll publishes a payroll schedule annually in December for the upcoming year.
    b. Timesheets are submitted in accordance with schedule.
        i. Employees failing to submit a timesheet are paid based on hours reflected in the clinical billing system and as verified by supervisor.
        ii. Employees failing to submit a timesheet or failing to submit a timesheet in a timely manner are subject to disciplinary action pursuant to Disciplinary Action Policy and Procedures No. 3.01.
        iii. Underpayments and overpayments are corrected in the next regularly scheduled pay period.

c. Upon supervisor's approval, timesheet is electronically forwarded to the next level of approval.
    i. Clinical staff timesheets are forwarded for review and approval by the employee's supervisor and then forwarded to the Program Liaison for review.
    ii. All other employee's timesheets are forwarded for review and approval by the employee's supervisor.
d. Once approved by the supervisor/Program Liaison, timesheets are forwarded for review and approval by Payroll.
    i. Timesheets are rejected and the employee receives an email when an error is found by the supervisor, Program Liaison and/or Payroll.

3. Payroll reviews timesheets and processes payroll.
    a. Ensures overtime payments in accordance with California Wage and Hour Laws and FLSA.
    b. Notifies COO of current payroll obligation.
    c. COO assures bank account has sufficient funds for payments.
    d. Clinicians are expected to meet productivity work standards, showing on the timesheet 60 hours of direct hours worked each 14-day pay period. It is the responsibility of the Clinician's supervisor to determine which of the following scenarios applies and ensure the timesheet reflects accordingly:
        i. If a Clinician does not meet the 60 direct hours' productivity standard AND works less than 4 hours on any workday, Monday through Friday, then their vacation time must be used to supplement the 8-hour workday.
            (a) In cases where the accrued vacation time balance is insufficient to do so, then the accrued vacation time balance can go negative. If this occurs, the supervising Coordinator must consider initiating disciplinary action.
        ii. If the Clinician does not meet the 60 direct hours' productivity standard AND does not work at all on an 8-hour workday, Monday through Friday, then 8 hours Absent Without Pay (AWOP) can be used for the day not worked.
            (a) If this occurs, the upcoming paycheck for the pay period will be reduced by one day.
        iii. If the Clinician meets the 60 direct hour productivity standard AND works less than 4 hours on any workday, Monday through Friday, then no accrued time is required to supplement the 8-hour workday. The employee will receive full pay on the upcoming paycheck for the pay period.

iv. If the Clinician meets the 60 direct hours' productivity standard AND does not work at all on an 8-hour workday, Monday through Friday, then no accrued time is required to be used for the 8 hours not worked on that workday. The employee will receive full pay on the upcoming paycheck for the pay period.

4. Payroll electronically submits the payroll file to TCCSC's payroll vendor.
5. Payroll vendor generates checks, direct deposits, and payroll register reports.
    a. Budget Analyst reviews payroll reports to confirm accuracy of payroll and distributes manual checks.
6. Payroll checks timesheets and reports for correctness, appropriate payment based on time worked and pay rates, appropriate labor and cost distribution, and ensure report reconciliations.
7. Payroll ensures payroll, quarterly and annual mandatory tax payments and deduction reconciliation.
    a. Payroll system vendor calculates and processes payment of taxes in accordance with regulatory requirements.
    b. Payroll vendor supplies payroll with copies of the federal quarterly 941, state DE 6, and taxable wage reports.
        i. Payroll receives reports, reviews, ensures corrections, as applicable, and confirms payments.
    c. Payroll reviews wage reports and reconciles to payments issued during quarter period to assure deductions are correct and no adjustments are necessary.
    d. Payroll reviews and assures payroll tax reports, quarterly 941 and DE6 are reconciled for gross pay and all mandated requirements prior to employee W-2 issue.
        i. Payroll system vendor issues W-2 forms prior to federal deadline.
        ii. Payroll receives year-end payroll reports, reconciles FICA withheld, employer FICA with W-2 forms.
8. Payroll funds are held in a bank account used for payroll related expenditures.
    a. Funds are transferred into the account as needed to ensure sufficient amounts are available to cover expenses.

b. The account is reconciled monthly and reviewed by management.

See Payroll Handbook for detailed processing procedures.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.02**
SUBJECT: Holiday Pay	
APPROVED BY: Carolyn Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE: October 9, 2020**
Electronic File Location:	

Purpose: To set forth guidelines established for employees in regards to holiday pay.

Policy: Full time hourly and exempt employees are eligible for certain paid holidays each year providing the employee does work the full regularly scheduled workdays before and after the holiday or has approved time off scheduled in advance. FLSA covered employees must work a full eight (8) hour shift the day before and the day after the holiday.

Definition:

Regularly scheduled workday – any day in which an employee is scheduled to work with the supervisor's approval.

Full time employee - one who has successfully completed the introductory period, hired on a full-time basis, and is working 30 hours or more per week on a regular and consistent basis.

Procedure:

1. Payroll provides each employee with the approved holidays and corresponding dates for the upcoming year prior to December 31st.
2. Employee codes holiday date as "H" in accordance with timesheet absence code and submits timesheet to supervisor for approval.
3. Employees with approved time off the regularly scheduled workday before and/or after the holiday, attaches a copy of approved RTO to the timesheet. In order to qualify for holiday pay, employee must work the full eight (8) hour scheduled workday immediately before and after the holiday. Only excused absences, scheduled in advance, to include use of Paid Sick Leave, will be considered exceptions to this policy.
4. Supervisor reviews and approves timesheet confirming employee worked the regular scheduled workday before and after the holiday or had prior approval to take the day(s) off.
    a. Supervisors can only approve vacation time off for the days prior or following a company paid holiday. Any other time requested by the employee must be approved by the Executive Director or designee.
    b. Supervisor ensures the RTO form as been completed.
5. Supervisor submits timesheet and supporting documentation to the executive level manager in accordance with established payroll processing procedures.

6. Executive level manager reviews and signs timesheet and submits it to payroll for payment.
7. Payroll applies holiday pay to regular payroll payment upon confirming accuracy of timesheet and supporting documentation.
8. All temporary staff (i.e. employees of a third-party staffing services company) having performed full-time employment duties at TCCSC for the duration of three (3) months or longer as a temporary employee, will have, upon conversion to full-time regular TCCSC employment, their initial Introductory Period holiday benefit eligibility and use restrictions waived, and are immediately eligible for use of Holiday Pay accordingly.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.03**
SUBJECT: Overtime	
APPROVED BY: Moses Cheeseman	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	

Purpose: To ensure employees are fairly compensated for hours worked while conducting TCCSC business.

Policy: Non-salaried employees shall receive compensation for overtime in accordance with the California Wage and Hours and Fair Labor Standard Act.

Definition:

Workweek and week – shall mean any seven consecutive days, starting with the same calendar day each week. Workweek is a fixed and regularly recurring period of 168 hours, seven consecutive 24-hour periods.

Workday and day – shall mean any consecutive 24-hour period commencing at the same time each calendar day.

Day's work – eight hours of labor.

Overtime – hours in which an employee is compensated at a rate greater than the regular rate.

Procedures:

1. Any work in excess of eight hours in one workday and any work in excess of 40 hours in any one workweek and the first eight hours worked on the seventh day of work in any one workweek will be compensated at the rate of no less than one and one-half times the regular rate of pay for a non-salaried employee.
2. Any work in excess of 12 hours in one day shall be compensated at the rate of no less than twice the regular rate of pay for an employee.
3. Any work in excess of eight hours on any seventh day of a workweek shall be compensated at the rate of no less than twice the regular rate of pay of an employee.
4. Time spent commuting to and from the first place at which an employee's presence is required shall not be considered part of a day's work when the employee is being reimbursed for use of the vehicle.
5. Overtime must be approved in advance by the Executive Director or COO.
6. During TCCSC normal business hours, if overtime is needed to address a client emergency or crisis, employee contacts immediate supervisor to discuss the situation and request overtime. The supervisor contacts the ED to request approval.

DIVISION: Administration	**NUMBER: 5.03**
SUBJECT: Overtime	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	Page **2** of **2**

7. During non-business hours, if overtime is needed to address a client emergency, employee dials the TCCSC main number, press 0 and requests a call-back from the ED.
8. Employee includes overtime hours with regular hours on timesheet and submits completed timesheet to supervisor for approval.
9. Supervisor submits timesheet to payroll for payment.
10. Payroll reviews, tabulates, and applies overtime pay to applicable payroll payment.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.04**
SUBJECT: Sick Time Use and Reporting	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To set forth the standard for the reporting, accumulating and using sick time.

Policy: Sick time is allotted each full-time employee and is used in case of illness or personal emergency. Excessive absence and/or abuse of sick time will result in disciplinary action.

Definitions:

Capped - maximum allowable accumulated sick time hours posted to the employee time record.

Extended sick leave - usage of three (3) or more consecutive days for illness and may include Worker's Compensation, Disability, Family and Medical Leave Act (FMLA) or National Defense Authorization Act (NDAA) leaves.

Full-time employee - one who has successfully completed the introductory period, was hired on a full-time basis, and is working 30 hours or more per week.

Procedures:

1. An employee who becomes sick or has a personal emergency must report the absence by calling TCCSC's main number and notifying the receptionist, at least 60 minutes prior to the start of the employee's regular work schedule, of the following:
    a. The nature of the illness/emergency.
    b. The expected duration of the absence.
    c. A call-back phone number.
2. The receptionist will maintain a daily log of the information identified above and will notify the immediate supervisor as soon as possible of the employee's absence. This information will be maintained strictly confidential and disclosed on a need-to-know basis only.
3. Employees should schedule routine doctor appointments to minimize time off from work. When absence from work is necessary for a non-emergent doctor's appointment, a request for time off must be submitted to the supervisor in advance of the appointment.
4. The supervisor of an employee who will be out sick for three (3) or more consecutive days must notify Human Resources and the CEO immediately upon receiving notification of the absence.

5. Employees utilizing extended sick leave must report to the immediate supervisor prior to returning to work and, upon request, must present a written doctor's clearance.
6. The supervisor reviews the doctor's clearance to review any restrictions and forwards the document to HR immediately.
7. The supervisor and employee will discuss any restrictions with the CEO prior to the employee returning to active duty. TCCSC will make every reasonable effort to accommodate doctor ordered restrictions.
8. Extended leaves for Worker's Compensation, disability, Family and Medical Leave Act (FMLA) and National Defense Authorization Act (NDAA) must be reported to and coordinated with Human Resource and the immediate supervisor as soon as reasonably possible. Each leave will be handled on an individual basis in compliance with regulatory requirements.
9. Sick time hours will accumulate and be posted to the employee time record on a bi-weekly basis at the current rate of accrual.
10. Payroll will deduct used sick hours from the employee's accumulated sick time.
11. Sick time will not be paid beyond the number of sick time hours accumulated and posted to employee's time record.
12. Over payments will be recaptured immediately upon discovery.
13. Sick time will be capped at 144 hours and no further accumulated sick time will be allotted until the employee's time record has less than 144 hours.
14. Employees whose work schedule is adjusted for more than four weeks, resulting in them working less than 30 hours per week, will not accumulate sick time during the period in which they are working less than 30 hours per week.
15. Unused accumulated sick time is not reimbursed upon termination of employment.
16. Payroll and Human Resources will perpetually monitor employee time records to ensure the policy is upheld and abuses are identified.
17. Abuse of this policy will be reported to the employee's immediate supervisor and may result in disciplinary action.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.05**
SUBJECT: Vacation Time Accrual and Use	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	

Purpose: To encourage employee well-being by providing time off for recreation, rest and relaxation.

Definitions:

Capped - the maximum allowed accumulated time.

Full-time employee – an employee of TCCSC who has successfully completed the introductory period, was hired as a permanent employee, and is working 30 hours or more per week on a regular and consistent basis.

Policy: Upon approval in advance, full-time employees are provided vacation time off with pay.

Procedures:

1. Payroll ensures full-time employees accrue vacation time on a bi-weekly basis, according to established guidelines for salaried and non-salaried employees.
2. Employee completes and submits a request for time off form (RTO) to supervisor at least 30 days in advance of desired time-off.
    a. RTO form is located in TCCSC shared drive, Personnel folder.
    b. Requested time cannot exceed total amount of accumulated vacation hours available when vacation time is taken.
3. Employee records vacation hours used on the timesheet(s) for the payroll time period in which time off occurs.
    a. Employee is compensated only for the total number of accumulated vacation time available at time of absence.
    b. Employee should confirm with Payroll the total number of vacation hours accumulated before scheduling time off.
        i. Should an employee attempt to use more than the number of hours accrued, Payroll will code time off in excess of amount available as “Absent Without Pay.”
        ii. The employee will not receive pay for the hours in which vacation time-off was not available.
    c. Employee submits the timesheet and approved RTO form to supervisor.
        i. Original signed request for time off (RTO) must be attached to the timesheet.

ii. If time-off covers more than one payroll period, employee copies the original signed RTO and forwards a copy to Payroll with timesheet for subsequent pay period(s).
iii. If the time sheet is due on a day in which the vacationing employee is scheduled off, in order to be paid while off, employee must submit timesheet(s) and approved RTO to supervisor prior to beginning vacation leave.

4. Supervisor reviews and submits timesheet and RTO in accordance with Payroll policy (see Administration Policy 5.01).

5. Payroll deducts leave hours used by employee from accrued time and processes vacation pay in accordance with regularly scheduled payroll dates.
    a. TCCSC does not advance vacation pay.
6. Employee receives payment for unused accrued vacation time upon termination of employment or in accordance with Vacation Time Buy-Back policy (sees Administration Policy 5.06).
7. Vacation time accrual will be capped at 120 hours and no further accumulated vacation time will be allotted until the employee's vacation record has less than 120 hours.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.06**
SUBJECT: Vacation Time Buy-Back	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE: June 11, 2013**
Electronic File Location:	

Purpose: To promote employee morale by providing employees with good attendance the opportunity to receive payment for accumulated vacation, in place of time off, under specific circumstances.

Policy: During specified buy-back periods, employees with good attendance may purchase accumulated vacation time in lieu of taking the time off.

Definitions:

Buy-back is payment to the employee for earned vacation time.

Buy-back Request Period - January 1st through June 30th or July 1st through December 31st each year.

Procedures:

1. Employee evaluates the following buy-back eligibility criteria:
   a. Employee may have used no more than 16 hours sick time during January 1st through June 30th or during July 1st through December 31st prior to respective buy-back request period.
   b. Employee may request to buy back a minimum of 8 hours and a maximum of 80 hours vacation time during each buy-back request period, provided employee meets all requirements set forth in this policy.
   c. Employee must retain a minimum of 40 vacation hours after the buy-back request is completed.

Accumulated Hours	Buy-Back Hours	Must Retain Hours
80	40	40
81-90	41-50	40
91-100	51-60	40
101-110	61-70	40
111-120	71-80	40

2. Employee completes Vacation Buy-Back form located on TCCSC shared directory, in the Payroll folder.

3. Employee submits the completed buy-back request to Payroll. Request forms submitted on dates not stated as a Form Submission Date will not be accepted.

Buy-Back Period	Form Submission Dates
January 1-June 30	July 1 - July 15
July 1-December 31	January 1 - January 15

4. Payroll Manager reviews employee request and compares hours requested to payroll records to ensure employee meets eligibility criteria.

5. Approved requests are processed as follows:
   a. Payroll calculates payment based upon eligibility criteria, requested hours and employee's current hourly pay rate.
   b. Payroll deducts number of requested hours from employee's available accrued vacation time in payroll system and ensures system is set to pay for approved buy-back hours.
   c. Employee receives payment with regular payroll no later than the 30th of the month following the request periods unless otherwise notified.
6. Requests not meeting criteria are returned to employee by Payroll with an explanation for reason for denial.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.07**
SUBJECT: Bereavement Leave	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 14, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE: April 2, 2019**
Electronic File Location:	Page **1** of **1**

Purpose: To allow employees an opportunity to attend a funeral or handle other arrangements upon the death of an immediate family member.

Policy: Full time employees will be granted up to three (3) days paid personal leave upon the death of an immediate family member.

Definition:

Immediate family – an employee's spouse, registered domestic partner, children, adopted children, mother, father, sibling, parent-in-law, stepparent, stepchild, grandmother, grandfather, and mother and father of registered domestic partner.

Procedures:

1. Employee must notify the supervisor of the death of an immediate family member and the resulting need for bereavement leave as soon as reasonably possible but no later than commencement of leave.
2. Employee codes the timesheet as "B" for reason for absence on the day(s) in which time off for bereavement is taken.
3. Employee attaches to the timesheet documentation confirming the death of the immediate family member such as an obituary, newspaper announcement or copy of death certificate. Proof of registered domestic partnership is required.
4. Employee submits timesheet and documenting proof to supervisor.
5. Supervisor forwards timesheet and supporting documentation to Payroll in accordance with established payroll processing procedures.
6. Upon receipt of approved bereavement documentation and timesheet, Payroll will process up to three (3) days paid leave for inclusion in the next regularly scheduled payroll.
7. Failure to supply all needed supporting documentation may result in loss of wages.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.08**
SUBJECT: Attendance	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: May 15, 2009**
TO BE PERFORMED BY: ALL	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: Good attendance practices are integral to providing high quality, dependable services. Excessive absence negatively impacts patient care and the agency's ability to carry-out its mission. Tardiness is disruptive, counter-productive and reflects poorly on the individual and agency. Attendance is a key performance indicator. This policy sets forth attendance requirements.

Definition: **N/A**

Policy: Employees are to be at the assigned work or appointment location, ready to begin work, at the scheduled time. This includes meetings and trainings in which the employee is scheduled and/or required to attend.

Procedures:

1. When it is impossible to report for work due to absence, an emergency or other unforeseen event, employee must call the main office receptionist as soon as possible and prior to the scheduled begin work/appointment time.
   a. See Administration Manual - Sick Leave Use and Reporting Policy 5.04 for instructions when calling off sick.

2. When employee is going to be late (tardy), employee is to call the main office receptionist with the following information:
   a. Name
   b. Supervisor's name
   c. Reason for tardiness
   d. Expected time to report to work
   e. Phone number where supervisor can reach the employee

3. The main office receptionist contacts employee's supervisor by phone within ten minutes of receiving the call.
   a. If unable to reach supervisor by phone, receptionist leaves a voice mail message and e-mails supervisor.
   b. Receptionist records absence/tardy on a daily log noting the information shown above in Step 1 and:
      i. Time call was received from employee.
      ii. Time supervisor was contacted, noting if message was left.
      iii. Time e-mail was sent, if applicable.

4. Employee records absence and exact time starting work on the timesheet of the reporting period.

5. Employees who fail to notify management of absence and/or tardiness may result in loss wages and/or disciplinary action.

6. Absence for three consecutive days without notification to management is considered job abandonment and voluntary termination.

7. Contact Human Resources for detailed leave requirements.

For information regarding extended absences refer to the following policies.
Vacation Time Accrual and Use Policy
Bereavement Leave Policy

.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.09**
SUBJECT: Jury Duty	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: August 25, 2009**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To ensure Tessie Cleveland Community Services Corp. staff performs their civic duty by serving on Jury Duty.

Definitions: Full-time employee – an employee of TCCSC who has successfully completed the introductory period, was hired as a permanent employee, and is working 31 hours or more per week on a regular and consistent basis.

Policy: Full-time employees will receive their regular rate of pay for up to five days of jury duty services, with proper supporting documentation.

Procedures:

1. Employee submits copy of the jury service summons to supervisor as soon as it is received.
2. Employee completes jury duty requirements as stated on summons or as instructed by the Court.
    a. If there is no requirement to report to the Court in person, the employee must report to work as usual.
    b. If required to report to Court, employee contacts supervisor daily and advises of status and how long jury duty is anticipated.
3. Employee attaches an original copy of the court certification confirming attendance with the timesheet corresponding to dates served.
    a. If reporting to the Court across multiple payroll cycles, employee attaches copy of summons with timesheet for each payroll period until service is complete.
    b. Employee attaches original proof of service issued by Court upon completion of services with timesheet for payroll period in which jury duty is completed.
4. Supervisor submits timesheet with supporting documentation in accordance with established timesheet processing procedures.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.10**
SUBJECT: Cell Phone Cash Allowance	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: January 1, 2013**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To pay a cash allowance to employees who routinely use their cell phone for job related duties.

Policy: TCCSC will provide a taxable cash allowance to eligible full time employees whose duties require they communicate using their personal cell phone under the following terms and conditions:

1. The allowance will be paid to employees (a) whose job requires him/her to spend a considerable amount of time outside of a single work area, (b) the job duties require regular voice communication, and (c) the employee has NOT been issued an employer-provided mobile phone.
2. The amount of the allowance will be the same for all eligible employees, determined at the sole discretion of the Executive Director or designee and will be reviewed on an annual basis.
3. There will be only one cash allowance per employee.
4. The allowance does not constitute an increase to base pay and will not be included as base compensation for future raises, salary adjustments, retirement contributions, and bonus calculation or employee benefits.
5. The allowance is taxable to the employee according to Internal Revenue Service (IRS) guidelines and will be reflected on appropriate IRS forms. Employee must consult with a tax expert to determine the actual tax impact. TCCSC will not reimburse employees for any additional taxes as a result of receiving this allowance.
6. Employees must comply with all laws, rules and regulations when using cell and other mobile devices. Use of mobile devices contrary to local, state, or federal laws and contrary to TCCSC policy will constitute misuse and will result in immediate termination of the cash allowance and other actions, as appropriate. Accordingly, TCCSC requires all employees to comply with all applicable laws while driving.
7. The employee must maintain an active functioning communication device as long as the cash allowance is being paid. The employee receiving the allowance is responsible for repairing or replacing their own lost, damaged, or malfunctioning device.

Definitions:

Full Time Employees **–** An individual who is hired on a full-time position, is on TCCSC's payroll and works at least 31 hours per week.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.10**
SUBJECT: Cell Phone Cash Allowance	
APPROVED BY: Moses Cheatwood	**EFFECTIVE DATE: January 1, 2013**
TO BE PERFORMED BY: Payroll	**REVISION DATE:**
Electronic File Location:	

Procedures:

1. Employees whose job is field-based completes the Cell Phone Cash Allowance Request Form during orientation.
    a. Cash allowances may be granted to non-field based employees with justification and approval of the Executive Director.
2. Employee signs the Cell Phone Cash Allowance policy and Request Form acknowledging understanding and agreement.
3. Employee submits request to Human Resources.
    a. Employee must advise HR when there is a change to the cell phone number.
4. HR reviews the Cell Phone Cash Allowance Request Form and notifies Payroll of the employee's eligibility to receive the allowance.
5. Payroll makes appropriate changes to the employee's payroll system pay record to add payment of the cash.

Acknowledged by:

Employee Signature Date

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 5.11**
SUBJECT: Bilingual Stipend Pay	
APPROVED BY: **Shronda Givens, LCSW**	**EFFECTIVE DATE: September 14, 2021**
TO BE PERFORMED BY: Payroll	**REVISION DATE: New Policy**
BOARD APPROVAL DATE: September 14, 2021	Page **1** of **3**

Purpose: To establish TCCSC policy and guidelines for governing bilingual payments to compensate employees who must speak, translate or interpret a foreign language on a continuous basis to service TCCSC clientele.

Policy: TCCSC will pay a bilingual stipend, at a rate determined by the Executive Director and approved by the Board of Directors, to staff who are certified and are assigned to duties that require the use of foreign language(s) on a continuing and frequent basis to meet the linguistic and cultural needs of TCCSC clientele.

Definitions:

Bilingual Stipend **–** Compensation paid to certified bilingually proficient employees whose assignments require fluency in English and at least one foreign language, as well as knowledge of, and sensitivity toward, the culture and needs of the foreign-language group clientele which TCCSC serves. The stipend does not constitute "base rate" pay. American Sign Language is considered a foreign language for purposes of this stipend.

Translation – The conversion of a message from the source language text into an equivalent in the target-language text.

- Source language – The language into which a message is originally given.
- Target language – The language into which a message is to be translated or interpreted.

Interpretation – The conversion of an oral message from one language, the source language, into another oral language or sign language, the target language.

Qualifications:

1. Hold regular and full-time status position.
2. Possess a valid Language Proficiency Certificate (LPC) issued as a result of the administration of a Bilingual Fluency Assessment for Clinicians (

BFAC) or pass a language proficiency or equivalent test and be assessed to be bilingual proficient.

3. Be assigned to duties that require the use of foreign language(s) on a continuing and frequent basis to meet the public service responsibility of TCCSC to competently service clientele. Examples include:
    a. An employee who is assigned a caseload that requires the use of a second language to speak, write, interpret or translate.
    b. An employee whose assignment requires regular, ongoing contact with the public/clientele where the use of a second language is necessary. The employee also possesses and displays a knowledge of, and sensitivity toward, the culture and needs of the foreign-language group.
        i. NOTE: Administrative and managerial positions do not routinely meet this condition. However, in some situations, with the Executive Director's approval, an administrative or managerial position may be designated in which bilingual skills are needed.
        ii. NOTE: Positions for which employees are expressly hired to utilize bilingual capacity, such as bilingual receptionist or bilingual administrative assistant, and for which these positions' compensation is contemplated in the job offer, do NOT qualify for the bilingual stipend.

4. Employees who are on payroll effective 9/14/2021 are grandfathered in for bilingual pay. All new employees hired after 9/14/2021 will have to follow the procedures of the policy.

Procedures:

1. Employees interested in qualifying for the bilingual stipend may contact their supervisor who shall recommend whether the position and job duties require bilingual competency.

   a. This recommendation is forwarded to the Executive Director or designee for final determination whether a given assignment requires a bilingual employee.
   b. Once a need is determined, the Executive Director or designee submits a request for Bilingual Stipend to HR Department or agency designee for initiation of examination process.

2. Upon receiving request and authorization for a Bilingual Stipend employee(s), HR Department or agency designee will administer examination process, and provide LPC to the successful test candidate.
   a. HR will retain a copy of LPC in the employee's personnel file.

3. HR will generate a Personnel Action Form (PAF) for processing and forward completed PAFs to Payroll Department.
   a. HR will retain a copy of PAF in the employee's personnel file.

4. The Payroll Department will update employee's payroll file with the PAF and ensure employee is compensated accurately with the bilingual stipend via regular payroll processing.

5. Authorization to receive the bilingual stipend terminates whenever the employee is rated less than competent in an official Performance Evaluation in regards to communication, or when bilingual services of the employee are no longer deemed necessary on a case by case basis by the Executive Director or designee.

SECTION 6

CONTINUOUS QUALITY IMPROVEMENT

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 6.01**
SUBJECT: Continuous Quality Improvement	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 21, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE: April 15, 2017**
Electronic File Location:	

Purpose: To ensure the highest quality of care and to protect and serve our clients, Tessie Cleveland Community Services Corp. (TCCSC) is committed to continuously reviewing and improving processes. To this end, this policy and procedure sets forth the process and guidelines to identify, plan for and follow-up on Continuous Quality Improvement (CQI) activities that lead to desired outcomes.

Policy: TCCSC will use the healthcare standard, data driven, **FOCUS PDCA** (see definition below) methodology for continuous quality improvement throughout the agency.

Definition:

FOCUS PDCA

Find a process for improvement.
Organize a team of individuals from all areas of the agency impacted by the chosen improvement process.
Clarify knowledge of the process.
Understand the process by using data to establish a baseline.
Select a solution to test with goals for improvement.

Plan is identifying tactical steps, assigning responsibility and creating timelines for implementation.
Do by implementing the plan.
Check results.
Act on what is found during the **C**heck phase which could mean starting over at the **C**larify or **U**nderstand phase.

Procedures:

CQI Committee:

1. The CQI Committee (Committee) includes a Core Team and volunteer experts from all areas/units of the agency. The Committee will:
    a. Meet no less than monthly.

b. Be chaired by the Evaluation Director.
c. Utilize the FOCUS PDCA process.
d. Explore areas/ideas for improvement identified by:
    i. Committee members
    ii. The Administrative Team (Admin Team)
    iii. Individual areas/units
    iv. Employees

2. Complete a Process Action Team (PAT) request form identifying the process for improvement.
    a. Fully explaining why the Committee/Unit elects to address the process.
    b. Recommend who should be on the PAT.
    c. Suggest how often the PAT will meet.
    d. Estimate time the PAT will need to explore the issue(s) and provide the Admin Team with a recommended solution and implementation plan.
3. **O**rganize the PAT to work on Admin Team approved CQI processes.
    a. Work begins upon notification of the Admin Team approving the PAT request.
4. Receive and review PAT implementation plans. Ensure:
    a. Problem statement is clear and is at root cause level.
    b. Solution(s) is/are fully explored and the plan:
        i. Identifies measurable goal(s).
        ii. Identifies area/unit(s) to test solution.
        iii. Identifies tactical steps and assigns responsibility for each.
        iv. Has realistic expectations and timelines.
5. Forwards Plan to Admin Team.
    a. Communicates Admin Team findings to PAT.
6. **C**heck results of PAT process improvements to ensure desired outcomes are met.
    a. Conducts check analysis of project 90 and 180 days following implementation of improvement plan.

7. Closes CQI process once final **C**heck analysis demonstrates success in meeting established goals.

CQI Core Team:

8. The CQI Core Team is comprised of the following individuals:
    a. Evaluation Director (CQI Committee Chair)
    b. Training Coordinator
    c. Program Liaison
    d. HR Director
    e. QA Coordinator
9. The Core Team actively participates on the CQI Committee.
10. The Core Team oversees work of the CQI Committee and:
    a. Ensures the Committee and PATs understand and adhere to the FOCUS PDCA process.
        i. Ensure participants are respectful of each other's input.
        ii. Ensures no one participant dominates the Committee.
        iii. Ensure process review is data driven using a graphical technique to troubleshoot the issue and determine outcome goals.
    b. Provides Committee with guidance on the efficacy of processes considered for improvement.
    c. Ensures the Committee has one or more PATs working on unique improvement activities at all times.
    d. Serves as the conduit between the Committee and Admin Team.
        iv. Present Admin Team with CQI PAT request forms and PAT plans.
            1. Reviews them for completeness and accuracy prior to submitting.
        v. Provides Admin Team findings to the CQI Committee and/or PAT's.

1. Ensure Admin Team requests for additional information is provided by the Committee and/or PAT timely.

e. Develops or oversees development of CQI reports, summarizing Committee/PAT activities.
   vi. Due to the Admin Team no less than two weeks prior to the beginning of each quarter - January, April, July, and October.
   vii. Includes final report on projects closed after 90 and 180 day follow-ups.

f. Maintains a log of current and past CQI process improvement activities.
   viii. Ensure Committee performs a **C**heck analysis 90 and 180 days following close of project.

Process Action Team:

11. **O**rganized around each CQI process identified by the Committee and approved by the Admin Team.
    a. Includes representative from each area impacted by or that impacts the process under review.
12. **C**larifies the root cause of the problem by using the "5 Whys" iterative interrogative technique.
    a. Ask "Why" when a problem is identified and repeat it each time an answer is provided for a minimum of 5 times. Empirical observation demonstrates that using this technique typically uncovers the root cause.
       v. Each "Why" answer forms the basis of the next question.
       vi. Ask the question until the root cause is determined (could take more than 5 times but seldom does it take less.)
13. **U**nderstand the issue by collecting and using data to develop the baseline from which to measure success. DO NOT ASSUME.

vii. Use a graphical technique to troubleshoot the issue.
1. Cause-and-effect diagram (fishbone)
2. Check Sheet
3. Control Chart
4. Histogram
5. Pareto Chart
6. Scatter Diagram
7. Flow or Run Chart

14. **S**elect a solution to test.
    a. Brainstorm possible solutions.
        viii. Everyone on PAT contributes
        ix. No bad ideas.
        x. Record every solution.
        xi. Rule out solutions that are problematic.
    b. Create goals for the improvement.
15. **D**evelop and document an implementation **P**lan.
    a. Ensure problem statement is clear and at root cause level.
    b. Ensure solution(s) is/are fully explored.
        xii. Identify goal(s) to be measured against baseline data.
        xiii. Identify area/unit(s) to test solution.
    c. Identify tactical steps which form the bases for procedures to be followed.
        xiv. Assign responsibility for each step.
    d. Create timeline.
        1. Ensure timeline is realistic.
16. Forward plan to Committee.
    a. Receives feedback and take corrective action or provide additional information, if necessary.
17. **I**mplement plan (**Do)** upon Admin Team approval.
18. Work with Committee to **C**heck results against established goals.
    a. Use same data points as developed in the **U**nderstand Step 3.
    b. Participate in Committee lead review at 90 and 180 days.
19. **A**ct on results,
    a. If desired outcomes are achieved:

xv. Determine if any revisions are necessary to Step 5 (item c) above.
xvi. Document procedure.
xvii. Forward to Core Team.

b. If desired outcomes are not achieved, go back and proceed again from Step 3.

20. Develop quarterly and/or final PAT report(s).
    a. Submit to CQI Chair.

Administrative Team:

21. Core Team presents PAT request to Admin Team.
22. Admin Team discusses feasibility of request and, if approved, makes recommendations on staff for inclusion on the PAT.
    a. If not approved, determines if more information is needed or if the project is not feasible.
        i. If additional information is needed, Core Team communicates concerns and/or what additional information the Admin Team would like before a decision can be made.
        ii. If not feasible, Core Team relays findings and directs the Committee to ceases work on process.
23. Core Team relays Admin Team decision to Committee.
24. Receives and reviews PAT implementation plans.
    a. If Plan is acceptable, approves plan and directs Core Team to implement the plan.
    b. If not acceptable, informs the Core Team of concerns.
25. Receives and reviews CQI reports.
    a. If acceptable, provides copy of report for inclusion in next upcoming Board Meeting packet.
    b. If changes are needed, informs Core Team of concerns.
26. Admin Team can also recommend CQI projects to Committee or form a PAT to address an issue(s) identified by them.
        iii. If referring issue, go to CQI Committee Step 2.
    a. If forming a PAT team within the Admin Team, follow procedure beginning with CQI Committee Step 3.

CONTINUOUS QUALITY IMPROVEMENT

PROCESS ACTION TEAM REQUEST

Project Name:_____

Describe Opportunity/Issue to be addressed:_____

_____

_____

Areas within the agency are impacted:_____

_____

Recommended Participants: _____

What is (are) the desired outcome(s): _____

_____

_____

Estimated time to complete project and begin implementation: _____

Submitted by: _____ Date:_____

****

Administrative Team Approval: Yes _____ No _____

Comments:_____

Administrative Team Suggested Participants:_____

_____

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: TCCSC Directors	**NUMBER: 6.02**
SUBJECT: Case Record Reviews	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Quality Assurance Coordinator	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose: To enhance service delivery and the highest quality of care is provide to TCCSC clients and to ensure compliance with regulatory and contractual requirements

Definitions: N/A

Policy: TCCSC will conduct case record reviews using standards tools and track the quality of documentation of service delivery activities as required by legal and regulatory mandates and contractual requirements.

Procedures:

Peer Review

1. TCCSC Training Coordinator will oversee a monthly Peer Review.
2. Direct service staff will attend and participate in Peer Review.
    a. A Peer Review Auditing Tool is utilized to review charts for the following programs:
        i. Outpatient/MAT
        ii. Full Service Partnership
        iii. Therapeutic Behavioral Services
        iv. Day Treatment Intensive
    b. Direct service staff is assigned teams that include at least one therapist and one case manager to review a chart using the Auditing Tool.
    c. Charts included in the peer review process are selected randomly.
        i. Each month charts are logged and tracked to ensure that no chart is reviewed more than once a year.
    d. Teams will tally the score for the chart using the auditing tool scoring sheet and present findings to other staff participating in Peer Review.
    e. All completed auditing tools are collected and results are logged in a database.
    f. The training consultant reviews all completed auditing tools to ensure accuracy of scoring.
3. Recommendations are made by the Training Coordinator based on the results of each monthly peer review. Recommendations can include both individual and agency corrective action plans.
4. An individual corrective action plan will be written by the Training Coordinator or designee for each chart that meets the following criteria:
    a. The total chart score is below 90% accuracy.

   b. The chart received an automatic fail due to lack of compliance with critical chart items including missing or incomplete:
      i. Consent Form
      ii. HIPPA Form
      iii. UMDAP
      iv. Coordinated Care Plan
   c. The corrective action plan will include:
      i. A copy of the completed auditing tool
      ii. Identification of specific items needing correction
      iii. Identified timeframe for completion of corrected items
   d. The corrective action plan will be given to the assigned therapists' coordinator to ensure compliance with the chart corrective action plan.
5. The Training Coordinator will receive and review the chart once assigned therapist rectifies identified deficiencies to ensure accuracy.
6. Training Coordinator will provide results and recommendations of Peer Review to:
   a. CQI committee and Administrative Management committee on a quarterly basis
   b. Staff and Stakeholders on a regular basis including in, but not limited to, staff newsletters, monthly Director's staff meetings, Annual Report Card, and weekly program meetings

Quarterly Audit

1. The Quality Assurance Coordinator will develop and implement a quarterly audit of case records.
2. A total of 50% of both open and closed charts are reviewed on an annual basis.
   a. Each January, a caseload report is generated showing the total number of open and closed cases during the prior year is identified.
   b. The number of charts to be reviewed per program, per quarter is compiled in order to meet the 50% annual chart review threshold.
3. Coordinators conduct a quarterly chart audit using the Quarterly Auditing Tool (see attached tool).
   a. Quarterly audits are conducted in the months of January, April, July and October.
   b. Charts are selected randomly per program and logged to ensure that no chart is repeatedly reviewed in a given year.
   c. Coordinators complete the Quarterly Auditing Tool for each chart identified to be reviewed and scored.

d. Coordinators submit all completed tools to the Quality Assurance Coordinator
e. The results of each tool are entered into the Quarterly Audit database.

4. An individual corrective action plan is developed by the Coordinator reviewing the chart with the following deficiencies:
    a. Total chart score is below 90% accuracy.
    b. The chart receives an automatic fail due to lack of compliance with critical chart items missing or incomplete including:
        i. Consent Form
        ii. HIPPA Form
        iii. UMDAP
        iv. Coordinated Care Plan
    c. The corrective action plan will include:
        i. A copy of the completed auditing tool
        ii. Identification of what specific items need to be corrected
5. The corrective action plan will be given to the assigned therapists' Coordinator. The Coordinator will:
    a. Identify a timeframe for each therapist to correct deficient charts
    b. Schedule n one-on-one meeting with therapist and assist the therapist in correcting all the deficient items.
    c. A new tool will be completed indicating that the items have been completed.
    d. Once the chart is complete, the old and new auditing tools are given to the Quality Assurance Coordinator for filing.
6. Results of the Quarterly Audit are provided to:
    a. CQI and Administrative Management committees on a quarterly basis
        i. Results are evaluated and recommendations are made for agency-wide corrective action plans.
    b. Staff and Stakeholders on a regular basis in, but not limited to, staff newsletters, monthly Director's staff meetings, Annual Report Cards, and weekly program meetings

SECTION 7

RISK MANAGEMENT

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.01**
SUBJECT: Legal and Regulatory Compliance	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Risk Manager	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To ensure TCCSC is in compliance with all Federal, State and local public mental health policies, laws, codes and regulations.

Policy: TCCSC shall posses all relevant licensure, shall comply with all legal and regulatory requirements and shall consult with legal counsel as needed.

Procedures:

1. Executive Director oversees an annual review and follows mandated guidelines for compliance, and all applicable Federal, State and local laws and regulations.
    a. Policies will be developed by appropriate staff to ensure compliance.
    b. Staff will be orientated to employment and other laws impacting the workplace.
2. Risk Manager maintains a checklist of compliance requirements and keeps track of changing regulations to ensure compliance.
3. Risk Manager ensures all business licenses and certifications required for operation are maintained current.
4. Human Resource Manager verifies all professional licenses and maintains up-to-date copies in employee's personnel file (See Administration Policy Personnel Records Policy 3.04).
5. Risk Manager conducts quarterly reviews of all applicable areas including; files, posters, bulletins and licenses, to identify any non compliance issues.
    a. Staff develops and submits to Risk Manager a corrective action plan, when necessary.
    b. Risk Manager follows-up according to action plan schedules to verify that corrective actions are implemented.
6. Risk Manager ensures staff is trained on new regulations and legal requirements as needed, no less than annually.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.02**
SUBJECT: Risk Prevention and Management	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Risk Manager	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose: To ensure the agency's on-going viability by reducing risk, loss and liability exposure**.**

Definitions:

Risk Prevention - the process of identification and analysis of risk to which the agency is exposed, the assessment of potential impact on the agency and deciding what action can be taken to eliminate or reduce risk and deal with the impact of unpredictable events causing loss or damage.

Policy: TCCSC maintains a comprehensive safety program, provides training, tracks incidents and accidents and maintains adequate insurance against insurable risk and losses.

The agency does not provide legal assistance to personnel who commit unlawful acts or acts that are not conducted in the course of, or in furtherance of, employment.

The agency does not provide legal assistance to personnel if the organization's legal counsel determines that doing so would constitute a conflict of interest.

Procedures:

1. The process for exception reporting on incidents, accidents, illness and injuries and grievances will be submitted to the Executive Director and Chief Operating Officer and if needed to the Board for approval.
2. The role of the Board of Directors:
    a. Sets risk management goals, adopts annual operating objectives and budget with risk management included.
    b. Reviews operational reports to determine compliance and future priorities.
    c. Ensures compliance with policies and standards imposed by accrediting organizations.
    d. Adopts and establishes policies and standards.
    e. Reviews the agency's insurance program annually.
    f. Reviews the agency's risk management plan annually.
3. The role of the Legal Counsel
    a. Serves as advisor to the Board of Directors in legal matters, making referrals to specialists on an as needed basis.

   b. Advises management on contracts, agreements, forms etc.; reviews contracts on an as needed basis.
4. The role of the Executive Director (CEO)/Chief Operating Officer (COO)
   a. Assigns staff to design and carry out safety and risk management activities.
   b. Assigns staff to perform annual review of the safety and risk management activities
   c. Signs and makes sure that all formal contracts are in place prior to the commencement of services or products/facility delivery.
   d. Keeps the Board apprised of emerging threats and opportunities facing the agency.
   e. Convenes Risk Management Committee.
   f. Oversees the functions of the Risk Manager.
5. The role of the Risk Manager:
   a. Develops implements and monitors loss prevention programs throughout agency annually.
   b. Coordinates meetings of Risk Management Committee at least annually.
   c. Ensure the protection of the agency's assets and engages stakeholders in risk management activities as outlined in Internal Controls Handbook.
   d. Develops and implement procedures to ensure risk is reviewed prior to entering into any contracts, develop indemnity agreements, hold harmless agreements and consent forms, review quotes and coordinates the purchase of insurance annually
   e. Monitors and evaluates the insurance program, maintains appropriate funding levels, accurate loss forecasting, claim management, loss prevention and cost containment programs; especially those which have a significant impact on the agency.
   f. Monitors and evaluates risk prevention and measure management effectiveness quarterly.
6. Board of Directors conducts an annual assessment of the overall risk, using the standard procedures set forth, and provides findings to the Executive Director and Chief Operating Officer for action as necessary, which includes:
   a. Reviews of compliance and legal requirements (See Administration manual Legal and Regulatory Requirements Policy 8.01)
   b. Annual review of insurance coverage and quotes.
   c. Periodic safety training and inspections, including use of facilities.

7. Risk Manager develops and submits to Executive Director and Chief Operating Officer, a written Injury and Illness Prevention Program. (Refer to IIPP Manual); who submits it to the Board of Directors for approval.
8. Risk Manager reviews contracting practices and compliance, according to Administration Contracting and Subcontracting Policy 2.02 and reports findings to the Executive Director and Chief Operating Officer.
9. Risk Manager conducts annual staff training in all areas of risk, in conjunction with the Training Coordinator.
10. Risk Manager reviews the roles and oversight requirements for volunteers.
11. Risk Manager oversees clients' rights issues and reports concerns and recommendations to Executive Director for resolution.
12. Risk Manager conducts quarterly reviews of immediate and ongoing risk that include a review of incidents, critical incidents, accidents, industrial injuries, illness and grievances related to:
    a. Service modalities or other agency practice that involve risk.
    b. The use of restrictive behavior management interventions such as isolation.
    c. Facility safety issues.
    d. Situations where a person was determined to be a danger to self or others.
    e. Serious injuries and deaths.
13. Executive Director, COO and Risk Manager review all incidents and accidents that involve the threat of or actual harm, serious injuries and deaths and reviews procedures to:
    a. Obtain statements from all involved individuals.
    b. Ensures an independent review.
    c. Establishes guidelines for timely implementation and documentation of all actions taken.
    d. Ensures ongoing monitoring if actions are required and determine their effectiveness.
    e. Establishes applicable reporting requirements.

    f. Establishes timeframes for investigations and reviews
14. Risk Manager ensures TCCSC has adequate coverage to safeguard against exposure of interagency collaborations with other agencies. (Refer to Administration Insurance Protection Policy 7.04).

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.03**
SUBJECT: Notification of Incidents, Claims or Suits	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: 12/01/2006**
TO BE PERFORMED BY: All Staff	**REVISION DATE: 07/13/2009**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure appropriate notification to TCCSC and the County of Los Angeles (County) of: accidents or incidents that involve injury that may result in the filing of a claim or lawsuit against TCCSC, the County or an agency with which TCCSC is a sub-contractor; and, any loss, disappearance, destruction, misuse or theft of TCCSC property.

Policy: Employee's are to notify their supervisor and/or Executive Director immediately, no later than twenty-four (24) hours or occurrence, upon involvement in an incident which involves personal or property injury or damage, disappearance, misuse, theft of any kind whatsoever of TCCSC property, or inappropriate client or staff behavior. A Critical Incident Report Form shall be completed within the first working day following the incident.

TCCSC Employees shall ensure notification of an emergency event and completion of the Critical Incident Report Form as follows:

1. Immediately, and in no case more that 24 hours, of any injury or property damage which may result in the filing of a claim or lawsuit;
2. Immediately upon notification of a third party claim or lawsuit filed against TCCSC arising from or related to services performed by TCCSC under a County contract or subcontract;
3. Immediately upon notification of injury to a TCCSC employee that occurs on County property (County's Non-Employee Injury Report" shall be used);
4. Immediately upon discovery of any loss, disappearance, destruction, misuse or theft or any TCCSC or County property, monies or securities.
5. Immediately upon witnessing inappropriate staff or client behavior or inappropriate behavior directed toward a client.

Procedures:

1. Employee is to notify their supervisor immediately upon involvement in any accident that involves personal injury to his/her self, a client or a third party; involvement in an automobile accident that occurs while conducting company business; occurrence of any other incident that could result in a claim or lawsuit, or upon discovery of loss, theft, disappearance, misuse or destruction of TCCSC or County property.
2. Supervisor is to immediately contact the Executive Director or his/her designee to discuss the incident.
3. Supervisor should administer first aid (if deemed necessary) or ensure that the injured party receives proper medical attention.

DIVISION: Administration	**NUMBER: 7.03**
SUBJECT: Notification of Incidents, Claims or Suits	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: 12/01/2006**
TO BE PERFORMED BY: All Staff	**REVISION DATE: 07/13/2009**
Electronic File Location:	Page **2** of **2**

4. Employee is to complete and submit to his/her supervisor a Critical Incident Report within one working day following occurrence of an event, as deemed necessary by the Executive Director or his/her designee.
5. Supervisor is to forward the Critical Incident Report to the Executive Director who will determine if the event is significant or requires an investigation and, when necessary, will ensure notification to the County within 24 hours of the event. If an investigation is deemed necessary, it shall be made within 24 hours of the incident.
6. Completed investigation will indicate specific causes, actions, or conditions which led to incident/accident.
7. Executive Director will ensure notification to the County and/or other funding sources of any loss or destruction whatsoever of property, monies and/or securities entrusted to TCCSC as contractually required.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.04**
SUBJECT*:* Insurance Protection	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Risk Manager	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: To ensure TCCSC minimizes its exposure to risk and liability by having adequate insurance in place for insurable losses which might significantly impact the agency's financial condition.

Definitions: N/A

Policy: TCCSC shall carry adequate insurance coverage according to ensure against risk in all insurable areas where perils may impact the financial condition and viability of the agency.

Procedures:

1. Risk Manager conducts an annual review of insurance options and coverage and makes recommendation to the Board of Directors.
    a. Risk Manager reviews all insurance proposals to make sure they meet contract requirements and to determine if the proposed insurance is adequate and includes the following information:
        i. Full name of the insured
        ii. Name of Insurance Company providing coverage
        iii. Type of insurance (e.g. Commercial General Liability, Workers Compensation, Automobile, Property Insurance, Professional Liability (for all professional workers), Directors & Officers Insurance and the limits
        iv. Policy number and effective date.
    b. Risk Manager prepares and submits to Executive Director and Chief Operating Officer a report and recommendations on insurance coverage. The report identifies at minimum:
        i. All contractually required coverage.
        ii. Additional coverage recommended by the Risk Manager as well as why it is necessary.
        iii. The cost and benefit of each recommended insurance type.
    c. Executive Director provides recommendations to the Board of Directors for approval.
        i. The Board of Directors is presented with a written description of all of agency's insurance coverage.
2. COO processes payments and ensures policies are acquired as approved by Board of Directors.
    a. COO maintains copies and provides Risk Manager with copies of all insurance binders.

b. COO provides contractors with copies in accordance with contract terms.

3. Risk Manager maintains proof of insurance naming Tessie Cleveland Community Services Corporation, and others entities as contractually required, as “insured” for all contractually and Board order insurance coverage.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.05**
SUBJECT: Loss Control Program	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: 07/13/2009**
TO BE PERFORMED BY: Risk Manager	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To ensure a secure and safe work environment for the health and welfare of the agency's employees, clients, visitors, contractors, or sub-contractors, reducing the potential for loss and/or litigation against TCCSC or the County of Los Angeles to the lowest level possible.

Definitions: N/A

Policy: Employees, contractors and/or sub-contractors are expected to perform all duties within established standards of care and in a safe and reasonable manner; they will report unsafe or potentially unsafe conditions and defective equipment to their supervisors; correct hazards within their capability and resources; and, strive to improve working conditions.

Procedures:

1. The Executive Director will appoint a Risk Manager who oversee a Loss Control Program.
2. Risk Manager will develop and administer a proactive Loss Control Program, conduct periodic safety inspections and audits, and coordinate loss prevention activities.
3. All employees, contractors and sub-contractors shall report immediately to their supervisor or the Executive Director any incident or accident occurring to themselves or others.
4. Risk Manager will develop, implement and supervise a Risk Management Program for TCCSC providing policy, procedures, and direction for an effective total liability, safety, and loss prevention program.
5. Risk Manager will be an ex-officio member of all safety committees and will assist each department head in establishing a written safety and loss prevention plan according to the agency's needs.
6. All reports of inspection which indicate loss potential or safety deficiencies shall be forwarded by the Risk Manager to the Executive Director for remedial action.
7. The Executive Director will initiate and notify the Risk Manager of corrective action within 15 days of the receipt of the Loss Control Inspection Report.
8. As a condition of employment, employees are required to observe all safety regulations and requirements whether issued verbally or in writing. Failure to follow this policy shall be considered neglect of duty and may constitute cause for disciplinary action up to and including termination.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.06**
SUBJECT: Unusual Occurrence	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose: The purpose of this procedure is to aide staff in defining an Unusual Occurrence and to guide them in the reporting of such events.

Definitions: N/A

Policy: TCCSC management and employees will report and comply with agency procedures relating to any Unusual Occurrence as defined below.

Procedures:

Staff of TCCSC shall follow the established policy and procedures of the Los Angeles County Department of Mental Health, as outlined in Policy Number 303.06 Departmental policy defines an Unusual Occurrence as:

> "…any event which jeopardizes the health and/or safety of clients, staff and/or members of the community; including but not limited to physical injury and death."

Staff should immediately report any and all such events to the Risk Manager with 24 hours. The Risk Manager shall be responsible for coordinating the reporting of information to the agency's COO. Nothing in this procedure shall preclude an individual staff from making the report directly to the agency's Executive Director.

A log of all unusual occurrences is maintained by the Executive Director's designee.

Emergencies

1. For Medical Emergencies, the staff would announce through the Public Address system "Paging Dr. Orange to (specify area of building)" three times in a concise and clear voice, or until help arrives on the scene. One person should take the lead and coordinate interventions.

2. For Threats of, Potential for, or Actual Acts of Violence, the staff should announce through the Public Address system "Paging Dr. White to (specify area of building)" three times in a calm and clear voice, or until help arrives on the scene. Security guards and available staff should respond. One person should take the lead and coordinate interventions.

3. The staff should employ the above procedures in addition to the use of panic buttons, not in place of them.

4. The assigned staff would conduct a Critical Incident Stress Debriefing session with involved staff after a significantly traumatic event has occurred.

5. Staff will report an incident verbally and in writing to the agency Executive Director and when appropriate, to the Los Angeles County Department of Mental Health, within 24-48 hours.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.07**
SUBJECT: HIPAA Compliance	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: January 26, 2010**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **9**

Purpose:

1.1 To establish a policy and procedure applicable to all programs of TCCSC regarding the use and disclosure of Protected Health Information (PHI) and necessary authorization under the HIPAA Privacy Rule for such use and disclosure, when the use or disclosure is for purposes outside of those permitted relating to treatment, payment of mental health care operations, or under other provisions of the HIPAA Privacy Rule.

Definitions:

3.1 "**Disclosure"** means the release, transfer, provision of access to, or divulging in any other manner of information outside the entity holding the information.

3.2 "**Marketing"** means to make a communication about a product of service a purpose of which is to encourage recipients of the communication to purchase or use the product or service. Marketing excludes a communication made to an individual:

3.2.1 To describe the entities participating in a mental health care provider network or health plan network, or to describe if, and the extent to which, a product or services (or payment for such product or service) is provided by a covered entity or included in a plan for benefits;

3.2.2 For treatment of that individual; or

3.2.3 For case management or care coordination for that individual, or to direct or recommend alternative treatments, therapies, health care providers, or setting of care to that individual.

3.3 "**Protected Health Information"** (PHI) means individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, provision of health care to an individual, or the past, present or future payment for health care provided to an individual.

3.4 "**Use"** means, with respect to PHI, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information

Policy:

2.1 It is the policy of TCCSC to obtain an individual's written authorization before using or disclosing PHI for purposes other than treatment, payment or mental health care operations, except as permitted by the HIPAA Privacy Rule. Use and disclosure of an individual's PHI will be consistent with the valid authorization obtained from that patient.

Procedures:

4.1 The language of the authorization shall be in the form as provided in the **DMH Authorization for Use or Disclosure of Protected Health Information Form** (Attachment I).

4.2 **Required Elements**. To be valid, an authorization must contain the elements listed below:

4.2.1 Description of PHI A specific, meaningful description of the PHI to be used or disclosed;

4.2.2 Identity of Disclosing Party The name or other specific identification of the person(s) or class of persons authorized to disclose the PHI;

4.2.3 Identity of Recipient The name or other specific identification of the person(s) or class of persons authorized to use or otherwise receive the PHI, if any;

4.2.4 Purpose of Use or Disclosure A description of each purpose of the requested use of disclosure, including limitation on the recipient's use of the PHI, if any;

4.2.4.1 The statement "at my request" by the patient is a sufficient description for an authorization initiated by the patient.

4.2.5 Expiration Date The end date for the permission granted by the authorization, which must be a specific date or event after which DMH is no longer authorized to disclose the PHI.

4.2.5.1 An authorization for use and disclosure of PHI for research purposes, including for the creation or maintenance of a research database, the patient should select a date far enough in the future to cover the probable end of the research. For the research database, the patient should select a date such as January 1, 2003, that is far enough in the future to make clear his/her intent to make the authorization indefinite

4.2.6 Statement of Right to Revoke The authorization must include a statement that the individual has a right to revoke the authorization. The statement must also explain how revocation is accomplished, including that it must be in writing, and tell the individual about exceptions applicable to the revocation. These exceptions are listed below in "Implementation of Revocation".

4.2.7 Signature The signature of the individual and date of signature. An authorization signed by a personal representative of the individual must include a description of the personal representative's authority to act for the individual.

.

4.2.8 Authorization as a Condition The authorization must state that DMH cannot condition treatment, payment, enrollment in the health plan, or eligibility for benefits on obtaining a signed authorization, except:

4.2.8.1 DMH may condition the provision of research-related treatment on obtaining an authorization for use and disclosure of PHI for research.

4.2.9 Redisclosure The authorization must state that the PHI disclosed to others may not be further used or disclosed by the recipient unless a new authorization is signed by the individual, or such use or disclosure is specifically required or permitted by law.

4.2.10 Copy The authorization must state that an individual signing the authorization has the right to receive a copy of it.

4.2.11 Font Size The authorization form must be printed in a least 14 point font.

4.3 TCCSC shall provide the Authorization Form upon a patient's request or in conjunction with any authorization initiated by DMH for the disclosure of PHI.

4.4 If the patient initiates the authorization, TCCSC shall establish the identity of the requestor in accordance with the Verification of Identity and Authority Policy and Procedure.

4.5 TCCSC shall explain the authorization language to the patient or personal representative, and obtain signature on the Authorization Form.

4.6 TCCSC shall ensure that all required elements listed in Section 4.2 above are completed.

4.7 TCCSC shall provide the patient or personal representative a copy of the signed Authorization Form.

4.8 Compound Authorizations A HIPAA authorization applies only to the use and disclosure of PHI and may be combined with another type of written permission only as follows:

4.8.1 An authorization for use and disclosure of PHI for a research study may be combined with any other written permission for the same research study, such as the patient consent to participate in the research study, so long as the HIPAA authorization portion is clearly separate from any other language present on the same page and is executed by a signature for the sole purpose of executing the authorization.

4.9 Defective Authorizations An authorization is not valid, or is no longer valid, and may not be relied upon to use or disclose PHI, if:

4.9.1 The expiration date has passed;

4.9.2 Any required element for a valid authorization is missing;

4.9.3 TCCSC has received written revocation of the authorization;

4.9.4 TCCSC knows that important information in the authorization is false;

4.9.5 The authorization violates restrictions on compound authorizations as set forth in Section 4.8.

4.10 Conditions TCCSC may not condition the individual's treatment upon obtaining an authorization except:

4.10.1 TCCSC may condition research-related treatment on provision of a HIPAA authorization for use or disclosure of PHI.

4.10.2 TCCSC may not condition the provision of mental health care on obtaining an authorization even If the only purpose of providing the mental health care is to create PHI for disclosure to a third party (e.g., fitness for duty, school or summer camp physical, pre-employment examinations.)

4.10.2.1 TCCSC will disclose the PHI directly to the patient, unless DMH receives a signed HIPAA authorization from the patient for the disclosure to the third party.

4.11 Authorization for Marketing

4.11.1 TCCSC must obtain an Authorization for any use or disclosure of PHI for marketing, except if the marketing communication is in the form of:

4.11.1.1 Face-to-face communications to the patient by TCCSC; or

4.11.1.2 A gift to the patient from TCCSC of nominal value, e.g., a pen with a TCCSC logo.

4.11.2 If the marketing involves direct or indirect remuneration to TCCSC from a third party, the Authorization must state that such remuneration is involved.

4.12 Implementation of Revocation

4.12.1 A patient may revoke or modify his or her authorization in writing.

4.12.2 A modification or revocation is valid, except to the extent TCCSC has taken action in reliance on such Authorization.

4.12.3 The individual may use the Revocation or Authorization at the bottom of the Authorization Form or write their own revocation.

4.13 Use and Disclosure of HIV Test Results Except as specifically set forth below, HIV test results, whether positive or negative, or even the fact that an HIV test was ordered may be disclosed only pursuant to a valid, written authorization.

4.13.1 Use and Disclosure of HIV Test Results Pursuant to a Written Authorization To be valid, an authorization for use or disclosure of a HIV test result must be signed by the same individual who validly signed the consent for the HIV test and who is one of the following;

4.13.1.1 An adult with medical decision-making capacity;

4.13.1.2 A minor who is twelve (12) years of age or older and mature enough to give effective informed consent to an HIV test;

4.13.1.3 A parent or legal guardian for a minor under twelve (12) years of age; or

4.13.1.4 A conservator or agent pursuant to a power of attorney for health care.

4.13.2 Requirements for a Written Authorization for Use or Disclosure of HIV Test Results

4.13.2.1 To be valid, an authorization for use or disclosure of HIV test results must contain all of the elements set forth in Section 4.2 above.

4.13.2.2 Additionally, the authorization must specifically state that it authorizes the use or disclosure of HIV test results and must be signed by a witness.

4.13.2.3 A general authorization for the use or disclosure of medical records is *not* sufficient to authorize use or disclosure of HIV test results.

4.13.2.4 If only a general authorization for use or disclosure of medical information is received, that does not specifically authorize the use or disclosure of HIV test results, the HIV test results must be redacted from the information that is used or disclosed. if any, and may *not* be used or disclosed.

4.13.2.5 A separate written authorization must be obtained for each Use or Disclosure of an HIV test result.

4.13.3 Exceptions to the Written Authorization Requirement HIV test results may, but are not required to be disclosed to the following persons without the written authorization of the test subject.

4.13.3.1 The subject of the test, the subject's legal representative, conservator, or to any person authorized to consent to the test.

4.13.3.2 The subject's provider of health care for the purpose of diagnosis, care, or treatment of the patient (but not to a health care service plan);

4.13.3.3 An agent or employee of the test subject's provider of health care who provides direct patient care and treatment;

4.13.3.4 A provider of health care who procures, processes, distributes, or uses a human body part donated pursuant to the Uniform Anatomical Gift Act, as well as to a procurement organization, a coroner, or a medical examiner in conjunction with such donations;

4.13.3.5 The "designated officer" of an emergency response employee, or from that designated officer to an emergency response employee, regarding possible exposure to HIV or AIDS, but only to the extent necessary to comply with the

Ryan White Comprehensive AIDS Resources Emergency Ace of 1990 (42 U.S.C. § 201).

4.13.3.6 In some instances, to a health care worker who has been exposed to the potentially infectious materials of a patient, provided that strict procedures for consent and testing are followed. Legal counsel should be consulted with regard to such disclosures;

4.13.3.7 A court pursuant to a court order for disclosure of HIV test results of a defendant to a criminal charge; and

4.13.3.8 A county health officer (without identifying the individual believed to be infected).

4.13.4 Disclosure to Persons at Risk of Infection In addition to the foregoing, a patient's physician may, but is not required to, disclose a positive HIV test result to specified individuals under circumstance indicating that such individual may be in danger of HIV infection.

4.13.4.1 The physician may make a disclosure to the following:

4.13.4.1.1 Any person known or believed to be the spouse of the test subject.

4.13.4.1.2 Any person known or believed to be a sexual partner of the test subject; and

4.13.4.1.3 Any person known or believed to have shared hypodermic needles with the test subject.

4.13.4.2 Before disclosing test results under this provision, the physician must do the following:

4.13.4.2.1 Provide appropriate education and psychological counseling for the test subject;

4.13.4.2.2 Inform the test subject of the physician's intent to notify such person; and

4.13.4.2.3 Attempt to obtain voluntary consent from the test subject. If consent cannot be obtained, the results may then by disclosed but only for the purpose of obtaining care, follow-up, and/or treatment for the person(s) to whom disclosure is made and to interrupt the chain of infection.

4.13.4.3 The disclosing physician must refer the person notified for appropriate care, counseling, and follow-up. The physician *may not* disclose any identifying information about the test subject.

DOCUMENT RETENTION

5.1 TCCSC shall document and retain all documents required to be created or completed by this policy.

5.1.1 Signed Authorizations must be retained for at least six (6) years after the date they were last in effect.

5.1.2 Revoked Authorization and revocation documents must be retained for at least six (6) years after the date TCCSC receives revocation documents.

AUTHORITY

Code of Federal Regulations Part 160 and 164; Section 164.508 “Use and Disclosure for which an Authorization is required
Cal. Civil Code §§ 56, 11(b), (g), (h), and (i), § 56.12, § 56.17 (g) (8)m § 56.245, § 56.31, 56.37(a)
Cal. Health & Safety Code § 120980(g)
Cal. Welfare & Institutions Code §§ 5328(b) and (d)

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.08**
SUBJECT: Health and Safety & Use of Facility	
APPROVED BY: Moses Cleveland	**EFFECTIVE DATE: April 15, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

PURPOSE:

To ensure a safe and healthful environment for all employees, clients, interns, volunteers and visitors and provide all resources deemed to be reasonable and necessary in providing this environment.

POLICY:

TCCSC management and employees will comply with all applicable federal, state and local laws which relates to health and safety.

PROCEDURE:

1. Staff shall immediately inform a supervisor of any situation beyond their ability or authority to correct.
2. Staff will report any hazard, unsafe or unhealthful conditions and when appropriate, control them. (See Hazard Reporting Form)
3. Staff is to review all applicable safety rules frequently and observe them at all times.
4. TCCSC's Risk Manager or any person designated by the CEO will develop an Injury and Illness Prevention Program.
5. The CEO or COO or a designee will order cessation of work when any activity or workplace presents an imminent danger to employee health or safety.
6. The Risk Manager develops and maintains a reporting system for work-related accidents, injuries or illnesses.
7. The Risk Manager investigates accidents or injuries as appropriate.
8. The Risk Manager conducts annual building safety inspections and periodic inspection as required.
9. The Risk Manager maintains records of workplace injuries, illnesses, accidents, safety inspections and hazard abatement measures.
10. The Training Coordinator conducts and maintains records on periodic employee safety training.
11. Staff has access to the Injury and Illness Prevention Program manual and adheres to its guidelines as set forth.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.10**
SUBJECT: Influenza Vaccination	
APPROVED BY: Moses Cheatwood	**EFFECTIVE DATE: August 15, 2012**
TO BE PERFORMED BY: All Staff	**REVISION DATE: August 14, 2013**
Electronic File Location:	Page **1** of **4**

Purpose: To minimize the transmission of the influenza virus in the workplace by providing occupational protection to employees and thus preventing transmission to members of the communities, which we serve.
To ensure compliance with the Centers for Disease Control and Prevention (CDC) regarding annual influenza immunization for all health care workers to prevent the spread of influenza. Influenza vaccination is a key component in the prevention of influenza to clients and employees along with appropriate hand hygiene and standard precautions, including cough etiquette.

Policy:

All employees, independent contractors, interns, volunteers and/or subcontractors who have direct contact with children or adult clients in the course of their work, volunteer activity or performance of a subcontract, must have an influenza vaccination annually or must sign a declination, by December 1st of each calendar year. Vaccinations should be obtained through their own health care provider at their expense.
If a national vaccine shortage occurs or if CDC recommendations are altered, TCCSC's CEO may modify, suspend or revoke all or part of this policy.

Definitions:

Influenza - a viral infection that attacks the respiratory system — the nose, throat and lungs. Influenza is commonly called the flu.

Influenza vaccine – a preparation of influenza antigens (live or killed virus), which stimulate the production of specific antibodies when introduced to the body. These antibodies provide protection against influenza virus infection.

Procedures:

1. HR will schedule and each employee, intern and/or volunteer will participate in a health care screening that will include an influenza vaccine, conducted by a reputable health care provider, or sign the declination on the *Influenza Vaccination Employee Statement*, (attached)

at the time of employment. It is requested that *all employees* receive an influenza vaccine or provide a signed declination, by December 1st.

a) Employee/volunteer should have the vaccination administered by a health provider of their choice at his/her own expense.
b) Annually all employees and volunteers having direct contact with clients in the course of their work will arrange to have their influenza vaccination with a healthcare provider, or sign a declination, by December 1st of each calendar year.
c) All employees will ensure that proof of vaccination is provided to HR by December 1st of each calendar year.

2. Employees who sign a declination must practice infectious prevention precautions.
3. Independent contractors and subcontractors will provide proof of having been vaccinated for influenza.
    a) Independent contractors and subcontractors will incur the cost for the vaccination.
    b) Annually independent contractors/subcontractors will provide HR with proof of vaccination or sign a declination on the Influenza Vaccination Employee Statement by December 1st of each calendar year.
4. HR will notify manager/supervisor regarding employees who are out of compliance after December 1st. Managers should monitor employee's compliance and encourage adherence. Managers will be notified of employees who signed a vaccine waiver so that they can encourage the employee to practice infectious prevention precautions when providing service in a known affected area.
5. HR receives proof of vaccination from each employee, independent contractor/subcontractor, intern or volunteer.
    a) HR files the original copy of proof in the employee's confidential health record.
    b) HR provides employee with a copy, if requested.
6. Any employee who is not compliant with this policy by December 1st of each calendar year will be encouraged to comply in accordance with existing policies.

7. Employees who are hired during the influenza season should comply during the hiring process through HR.
8. TCCSC uses a methodology to determine influenza vaccination rates according to National Quality Form's measure evaluation criteria and process.

   .

   a. Staff who from October 1 through March 31
      i. Receive an influenza vaccination administered by a reportable healthcare provider.
      ii. Declined influenza vaccination.
      iii. The number of persons in each of these categories is used as the numerator.
      iv. Numerators are calculated separately for each of the above groups.
   b. Staff who from October 1 to March 31
      i. Work at least 30 working days between October 1 and March 31

         Employees are all person who are on the agency's payroll.

         Independent contractors, interns, volunteers, sub-contractors or interns, are those who do not receive a direct paycheck from the agency.
      ii. The number of persons in this category is used as the denominator.
   c. Data for rating will be compiled from personnel paper records.

DIVISION: Administration	**NUMBER: 7.10**
SUBJECT: Influenza Vaccination	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: August 15, 2012**
TO BE PERFORMED BY: All Staff	**REVISION DATE: August 14, 2013**
Electronic File Location:	Page **4** of **4**

Influenza Vaccination Employee Statement

I am aware of TCCSC's influenza policy and had a chance to have my questions about influenza vaccination answered. I understand the benefits and risks of the vaccine, and:

☐ I **agree** to have the influenza vaccine for the _____ influenza season. If you have already received the influenza vaccine for this influenza season, please specify the date _____ and attach proof.

☐ I **decline** influenza vaccination for the _____ influenza season. I understand that I may rescind this declination at any time. Please specify reason (s) for the declination _____.

_____ _____
Print Name Date

_____
Signature

Did you receive the influenza vaccine during last year's influenza season?
Yes ☐
No ☐

*Please return signed form to HR
*If you have any questions about influenza vaccinations, please review Influenza Vaccination policy or please contact HR or Risk Manager

Copy of influenza vaccination proof received by: _____,
HR Department
Date: _____

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.11**
SUBJECT: Infection Prevention and Control Plan	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: August 15, 2012**
TO BE PERFORMED BY: All Staff	**REVISION DATE: 11/10/2019**
Electronic File Location:	Page **1** of **10**

I. Purpose:

A. The goal of Tessie Cleveland Community Services Corporation is to establish a comprehensive Infection Prevention and Control Program to ensure that the agency has a functioning coordinated process in place to minimize the risks of any special health precautions, by complying with applicable legal and regulatory requirements regarding risk of exposure to contagious and infectious diseases and endemic and epidemic Health Associated Infections (HAI) in clients, staff and health care providers and to optimize the use of resources through a strong preventive program.

B. The Infection Prevention and Control Program at this agency incorporate the following on an ongoing basis:

1. Prevention and control of infections throughout the organization.
2. Procedures to minimize the exposure to airborne and blood borne pathogens.
3. Develop alternative techniques to address the real and potential exposures.
4. Select and implement the best techniques to minimize adverse outcomes.
5. Evaluate and monitor the results and revise techniques as needed.
6. A targeted tuberculosis testing program of staff.

II. Policy:

The Infection Prevention and Control Program at TCCSC, which allows for a systematic, coordinated and continuous approach, is guided and implemented by:

A. OSHA regulations and pertinent federal, state, and local regulations pertaining to infection control which are implemented and followed.
B. In-service education for all staff on prevention for those who are at risk of accidental exposure of blood or body fluids. In addition, an emphasis on TB and the influenza virus and their mode of transmission.

C. Monitoring and evaluation of key performance aspects of infection control prevention and management which are:
    1. Device related infections
    2. TB (Tuberculin skin test conversions in clients and staff.
    3. Occupational Exposure to Bloodborne Pathogens.
    4. Other communicable diseases.
    5. Employee health trends.
D. Facilitating a multidisciplinary approach to the prevention and control of infections.
E. Collaborating with all agency policies and procedures impacting the prevention and control of infections.
F. Interacting with and reporting to governmental agencies.

III. Definitions:

a. Infection - The invasion of the body by a PATHOGEN (microorganism capable of causing disease), that enters cells and attempts to reproduce or replicate itself.
b. Contagious (communicable) disease - A contagious disease is the spread from one person or organism to another by direct or indirect contact.
    i. Contagious disease common, with transmission specific to the population serviced by TCCSC are:
        1. Tuberculosis
        2. Infestation
        3. Chickenpox
        4. Measles
        5. Mumps
        6. Meningitis
        7. Airborne diseases
        8. Hepatitis
        9. Pneumonia
        10. Pediculosis capitis (head lice)
        11. Conjunctivitis (pink eye)
        12. Viruses
        13. Ringworm

14. Mononucleosis
15. Strep Throat
16. Whooping Cough

IV. Responsibilities:

TCCSC has a duty and responsibility to ensure that infection prevention and control is at the top of the agency's agenda, without bias, to protect all who are clients, interns, volunteers, staff or visitors. The CEO ensures funding is allocated for resources to promote infection prevention and control. The agency's CEO and Board take oversight, as it is a priority through the agency and governance structure to front line services. In addition to the CEO and Board, all of the following are involved in the infection control framework, implementation and policy enforcement as noted:

A. CEO – The CEO is ultimately responsible for ensuring that there are effective arrangements in place for infection prevention and control, maintaining a safe and clean environment and that appropriate resources are made available to manage, prevent, and control the risk and spread of infection.
B. Board of Directors – The Board of Directors is responsible for the prevention and control of infection throughout the agency. It will ensure that systems are in place for infection prevention and control and shall review annually all processes for effectiveness.
C. Medical Director – The Medical Director leads the Infection Prevention Control Committee and is accountable to the CEO. He/she provides the clinical expertise to ensure that the policies and associated procedural documents are appropriate and applicable.
A. Risk Manager - The Risk Manager will implement the infection prevention and control plan and will provide reports to the Board of Directors. The Risk Manager will monitor any identified infection prevention and control measures and make appropriate notifications of any outbreaks and provide orientation training for all new staff. The Risk Manager is responsible for following policies and procedures related to Infection Prevention and Control, Contagious Diseases, Special Health

Precautions, and Tuberculosis testing and reporting and updating all as needed.

B. Infection Prevention and Control Committee – The IPCC will annually review and revise as needed, the infection prevention and control program, policies and procedures. This committee will also assist in the identification and control of outbreaks and education of staff in infection prevention and control procedures.
C. Staff – All employees are required to have up to date knowledge of the principles and practices of infection control for their job responsibilities. The Infection Prevention and Control policy is available on the agency's public folders. All employees share the responsibility for infection prevention and control and for adhering to all policies and procedures related to Infection Prevention and Control.
D. Training Coordinator/CQI - is responsible for review and assistance in performance improvement activities related to Infection Prevention and Control.

V. Infection Prevention and Control Program Procedures:

A. When evaluation identifies an area of concern, a specific problem, or an opportunity for improvement, a corrective action plan will be formulated. The corrective action plan is collaborative in nature.
B. When problems or opportunities for improvement are identified, actions taken or recommended will be documented and forwarded to CQI for review and assistance in resolution.
C. If an immediate action is necessary, the CEO or his/her designee has the authority to institute prevention and control measures if there is reason to believe that staff is at risk.
D. The Infection Prevention and Control Committee are responsible for infection prevention and control activities throughout the agency. The Medical Director having knowledge of infection control practices and performance improvement methodologies. He/she guides the committee on decisions for improvement of care through the prevention and control of infections.
E. The responsibility and direct accountability for data gathering, aggregation and analysis is assigned to the Risk Manager.

F. All staff share accountability in reporting suspected infections.
G. Risk Manager will offer staff in-service education related to infection prevention and control practices to ensure a safe environment for all employees.
H. Risk Manager will report to governmental agencies as needed.
I. Risk Manager will conduct an annual assessment and set goals to continually improve the influenza vaccination rates. Staff influenza vaccination goals rates are expected to increase by approximately 10-12% each year. TCCSC projections are in the following increments:
    1. 2020-2021 an increase by 12%
    2. 2022-2023 an increase by 24%
    3. 2024-2025 an increase by 36%
    4. 2026-2027 an increase by 48%
    5. 2028-2029 an increase by 60%
    6. 2030-2031 an increase by 70%
    7. 2032-2033 an increase by 80%
    8. 2034-2035 an increase by 90%
J. Risk Manager will monitor the Infection Prevention and Control Program to ensure that techniques in effect are working or if changed conditions (internal or external) require new of revised techniques.
    1. Monitoring is achieved through:
        a. Committee interactions
        b. Daily job functions of the Risk Manager
        c. Comparisons of current statistical information and historical data and bench marking.
        d. Policy and procedure reviews, future surveys and inspections, internal and external.
K. All clinical employees, independent contractors, interns, volunteers and/or subcontractors (employees) who have direct contact with children or adult clients in the course of their work, volunteer activity or performance of a subcontract, shall have a tuberculosis test as required by local school districts, contractual, and Title 17, California Code of Regulations (CCR), § 2500 requirements.

a. TCCSC's H.R. department schedules health care screenings, including a TB test for all newly hired employees, interns and/or volunteers will as a reputable health care provider.
    i. Employee/volunteer may elect to have the test conducted by a private provider at his/her own expense and must bring results back to H.R. before starting work.
    ii. Annually, H.R. arranges for all staff and volunteers having direct contact with clients in the course of their work to have a tuberculosis test, as contractually required.
        1. Employee/volunteer may elect to have test conducted by private provider at his/her own expense, but has one week to submit results to H.R.
            a. If results are not submitted to H.R. by due date, employee/volunteer may not be allowed to have direct contact with clients.
    iii. Independent contractors and subcontractor (employees) will provide proof of negative TB result before commencing work requiring direct client/children contact.
        1. Independent contractors and subcontractors will incur the cost for such test(s).
        2. Annually independent contractor/subcontractor will provide HR with proof of negative TB result.
        3. HR receives and reviews test results.
        4. HR files original copy of test results in the employee's confidential health record.
        5. HR provides employee with a copy.
    iv. If employee has negative reaction to test, or if health care provider conducting test recommends follow-up, employee must follow medical advice and seek treatment, if necessary.
    v. HR will follow-up with employee/volunteer to obtain confirmation employee/volunteer/contractor/subcontractor is acceptable to perform assigned duties without risk to self or others.

vi. Additional testing may occur at any time during employment or contractual engagement with TCCSC, if necessary to ensure the health and welfare of employees and/or clients.
vii. If any TB results reported are positive to TB they are reported as required by L.A. County Department of Public Health's REPORTABLE DISEASES AND CONDITIONS and Title 17, California Code of Regulations (CCR), § 2500. For updated information please review http://publichealth.lacounty.gov/acd/Cdrs.htm for updated information on requirements for reporting.

VI. **Management Procedures** - Infection control management is an integral part of overall business practice.

a. Infection control related topics are an agenda item at Board meetings and decisions are recorded.
b. Up-to-date records are kept, detailing staff training in infection prevention control related subjects.
c. All staff knows where to find the local contact numbers for the CEO, Infection Control Team, Risk Manager or Center for Disease Control. (CDC)
d. Management ensures information on detection of outbreaks of infection is disseminated promptly to all staff via electronic mail, telephone and/or postings.
e. A protocol is available highlighting the basic principles of risk assessment in relation to microbiological hazards (viruses, parasites, fungi or bacteria).
f. An incident report is completed for all accidents/incidents/near misses including those with implications for cross-infection.
g. The CEO will ensure that processes are in place for prevention and timely information, advice and support is available to all employees, visitors, interns, volunteers, and contractors on matters relating to infection control.
h. The Board reviews annually all processes for effectiveness.

i. Where significant risk has been identified, management will be responsible for reporting to local health authorities and all agencies required by law. Financial risk will be considered if required.
j. Risk Manager will implement the infection prevention and control plan and will provide reports to the Board of Directors.

VI. **Clinical Practices:** practices which may reflect infection control:
a. Staff has access to infection control and policy guidelines.
b. All staff has knowledge of principles and practices of infection prevention and control as it relates to their job responsibilities.
c. The following protective items are available to staff:
    i. Sterile gloves
    ii. Face masks
    iii. Liquid hand sanitizers
    iv. Tissues
    v. Sterile wipes
d. Chemical disinfectants are at the correct strength for appropriate use by cleaning staff.
e. Data sheets are available for all products (MSDS) Material Safety Data Sheets.

VII. **Hand Washing:** Facilities and supplies are available for staff and others to wash hands:
a. There is easy access to all sinks for washing hands.
b. Liquid soap is available in wall mounted dispensers at all hand washing locations.
c. There is always an adequate supply of paper towels at each hand washing location.
d. Paper towels are supplied through paper towel dispensers and/or air drying machines are available.
e. Hand washing sinks are free from plugs or cords.
f. Hand washing sinks are free from extraneous items such as cups/drinking glasses.
g. Posters demonstrating good hand washing techniques are available in all hand washing areas.

VIII. **Waste Disposal:** All waste is managed correctly to minimize risk of infection or injury to staff:

a. There is a written policy available to kitchen staff on food waste disposal.
b. Foot operated waste containers are easily accessible in kitchen area.
c. The storage area for kitchen waste is clean.
d. Kitchen drains are cleaned regularly.

IX. **Clinical equipment:** All clinical equipment is decontaminated appropriately and correctly stored:

a. Single use items are used once, then discarded (thermometers).
b. Items are stored appropriately to avoid contamination with dust, etc. (cupboards, drawers, lid containers).
c. Items found to have faults or damages are taken out of service.
d. All items required to be sterile at the point of use are available prepacked and sterile (gloves).

X. **General Environment:** Good standards of general hygiene are maintained to ensure the health and safety of all.

a. All areas are visibly clean and free from extraneous items.
b. Equipment and furniture is visibly clean and in good condition.
c. Mops and buckets are clean, dry and stores inverted.
d. Walls are intact and have smooth washable surfaces.
e. Floor coverings are intact and have smooth washable surfaces.
f. Computer terminals and keyboards are clean and visibly in good condition.
g. Windows and blinds are clean and free from dust.

XI. **Control:**

a. If an individual is found to be infected with or carrying an infectious disease, they are provided with information and support, then referred to the appropriate facility for medical treatment. TCCSC is not a treatment facility.

b. The agency does not provide treatment or accept individuals for service who are known to be infected.
c. If the agency is notified of an outbreak, this information will be reported to the Los Angeles County, Department of Public Health, as required by Title 17, California Code of Regulations (CCR), § 2500 and as is the duty of every (health care) provider, knowing of or in attendance on a case or suspected case of any of the diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. “Health care provider” encompasses physicians (surgeons, osteopaths, oriental medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infection control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case. For reference on when to report please visit http://publichealth.lacounty.gov/acd/Cdrs.htm for an updated Reportable Diseases and Conditions form.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 7.12**
SUBJECT: Coronavirus (COVID-19)	
APPROVED BY:	**EFFECTIVE DATE: May 15, 2020**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose: To mitigate the spread of Coronavirus in the work place.

Policy: TCCSC's Coronavirus policy includes the steps the agency is actively taking to prevent or minimize the spread of Coronavirus to sustain a healthy and safe workplace. This policy is susceptible to changes with the introduction of additional governmental guidelines.

Preventative Steps to Reduce the Spread of Covid-19: There is currently no vaccine to prevent the COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. Everyday preventive actions to help prevent the spread of respiratory viruses include:

1. Clean your hands often with an alcohol-based hand sanitizer that contains at least 60-95 percent alcohol, or wash your hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
2. Avoid touching your eyes, nose, and mouth with unwashed hands.
3. Cover your mouth and nose with a tissue when you cough or sneeze.
4. Put your used tissue in a waste basket.
5. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hand.
6. Avoid close contact with people who are sick.
7. Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs with the cleaning agents that are usually used in these areas, following the directions on the label of the cleaning agent.
8. Open the windows regularly to ensure ventilation, if possible.
9. Stay home when you are sick.
10. Facemasks must be used to help prevent the spread of the disease to others.

Procedures:

1. If you become ill at work with acute respiratory illness symptoms (i.e. cough, shortness of breath), notify your supervisor so that you can be separated from other employees and be sent home immediately. If you are able to notify your supervisor by telephone or email, you should do so.

2. Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
3. If you believe you have been exposed to the virus causing COVID-19 and you are fever-free without the use of fever-reducing or other symptom-altering medicines for more than 24 hours, the agency may still ask you to quarantine for a minimum of 14 days. Employee should contact Human Resources to discuss options available to Telework, time-off, etc.
4. Any employees exposed to a co-worker or family member with a confirmed case of COVID-19 will be asked to conduct a risk assessment ("Risk Assessment") to assess their potential exposure pursuant to CDC guidance.
    a. The Risk Assessment requires employees to assess their risk level and whether they are symptomatic or asymptomatic.
    b. Depending on your individual Risk Assessment, you may not be allowed to report to work for at least 14 days. During this 14-day period you may be permitted to telework or work remotely, depending on your position and in the agency's sole discretion.
    c. Depending on your risk exposure, the agency may recommend that you self-observe your symptoms until 14 days after your last potential exposure. TCCSC may recommend that you check your temperature before arriving at the workplace to ensure that you are still asymptomatic.
5. If you have a confirmed case of COVID-19, please contact your supervisor by phone or email. You will not be allowed to report to work for at least 14-day and must be cleared by a doctor to return to work (see TCCSC's Return to Work Policy and Procedures).
    a. If you have a confirmed case of COVID-19, the agency will inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act ("ADA").

6. Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a Risk Assessment of their potential exposure.
    a. If you need to provide care to a family member infected by COVID-19, contact Human Resource for options available for Telework, time-off, etc. You will only be permitted to return to the office 14 calendar days after your family member has fully recovered, provided that you are asymptomatic or have a doctor's note confirming you do not have the virus. You will also be asked not to come into physical contact with any colleagues and clients during this time.
7. If you are asked to telework, and you need equipment or technical support to do so, please contact your supervisor and refer to the Telework Policy and Procedures.
8. If you are planning to travel voluntarily to or have returned from a high-risk area (as determined by the CDC) you will be asked to quarantine for 14 days upon return. Employees should contact Human Resources for Telework, time-off, and other options available. You will also be asked not to come into physical contact with any colleagues or clients during this time.
9. If you have been in close contact with someone infected by COVID-19, with high chances of being infected yourself, employees should contact Human Resources for Telework, time-off, and other options available. You will also be asked not to come into physical contact with any colleagues or clients during this time.
10. If you are a parent and you have to stay home with your children, you may request to work from home under certain conditions. Your manager/ supervisor will meet with you to make arrangements and set expectations while working at home.
11. All work trips and events, both domestic and international, are cancelled/postponed until further notice.
12. Meetings will be conducted virtually until further notice.
13. If you normally commute to work to the office by public transportation and do not have other alternatives, you may request to work from home as a precaution.

SECTION 8

TRAINING

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 8.01**
SUBJECT: Training	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: Training Coordinator	**REVISION DATE: June 1, 2011**
Electronic File Location:	Page **1** of **3**

Purpose: To support staff and promote staff competence by providing regular supervision and training on relevant topics.

Definitions: (N/A)

Policy: TCCSC will provide a training and development program that enhances personnel knowledge, skills and abilities; meets licensure, contractual and legal requirements; and prepares employees to assume their responsibilities.

Procedures:

1. Training Coordinator will prepare a yearly training and development program that includes all mandatory, contractually and legally required training. The program will:
    a. Include subjects identified by management and /or staff.
    b. Be published in December.
2. The training program will be reviewed annually and revised according to an assessment of the organization's training needs.
    a. Training needs will be determined based on audit findings, Peer Review, attendee's written feedback, CQI recommendations, management and/or Board recommendations, and an annual training survey.
    b. Results of the annual survey will be presented to the CQI and Administrative Management team.
    c. The training program will outline specific expectations regarding training required of personnel in different positions and categories.
3. Staff will conduct training whenever possible.
    a. The Training Coordinator will assist them to develop subject materials and encourage creativity and innovation in program development and service delivery.
4. All newly hired employees will attend an Employee Orientation.
    a. All Staff will receive an orientation prior to contact with clients that covers an overview of the Administration Policy Manual, personnel handbook, relevant labor laws, benefits, equipment procedures, and at minimum, the following:
        i. TCCSC's mission, vision, goals, and services
        ii. Attendance policy and reporting
        iii. Confidentiality/HIPPA
        iv. Whistleblower

v. Grievance
vi. Overtime
vii. Timecards
viii. Continuous Quality Improvement
ix. Emergency Preparedness
x. Infection, Prevention and Control
xi. Safety
xii. Specific Job Duties

b. Employee Clinical Orientation for Direct Service Staff will also include the following:
   i. Clinical policies and procedures
   ii. The cultural and socioeconomic characteristics of the Service Planning Areas served
   iii. Overview of the organizational chart
   iv. Mandatory reporting laws and review of clinical indicators of abuse
      1. Including duty to warn pursuant to relevant professional standards and as required by law.
   v. Health Insurance Portability and Accountability Act (HIPAA) covering all legal and ethical issued pertaining to confidentiality and consents
   vi. Documentation techniques, maintenance and security of case records
   vii. Safety techniques related to providing services in the field
   viii. Linkage and advocacy techniques and resources
c. Attendance is documented via a sign in sheet and information is maintained in training database and attendance folders.

5. TCCSC employees will receive ongoing training relevant to their assigned programs, address the needs of the specific populations served and to maintain and increase competency.
   a. Training curriculum are reviewed and modified annually with Administrative Management and Continuous Quality Improvement Committees and annual schedule is developed.
      i. Surveys are conducted on an annual basis to measure employee's satisfaction with training.
   b. TCCSC employees must attend the following mandatory trainings on an annual basis:
      i. HIPAA
      ii. Emergency Preparedness
      iii. Infection Prevention and Control

c. TCCSC admin employees must attend at least one training relevant to their specific area on an annual basis.
d. All Direct Service employees must attend the following additional mandatory trainings on an annual basis:
    i. Defensive Driver's Training
    ii. Child and Elder Abuse Reporting
    iii. Non-Violent Crisis Intervention
e. All Direct Service employees will also attend the following trainings to assist in the development of skills, knowledge and abilities to perform their job duties:
    i. All Staff Training on a monthly basis
    ii. Director's Staff Training on a monthly basis
    iii. Peer Review on a monthly basis
    iv. Case Manager will attend the Case Managers meeting on a weekly basis
    v. ICS staff will attend Case Manager supervision on a weekly basis
    vi. Coordinators will provide ongoing training on program specific topics during their weekly staff meetings.
    vii. Therapists will attend team/group supervision meetings and individual one-on-one supervision on a weekly basis.
f. Staff participates in additional training whenever their responsibilities change as deemed necessary by the Clinical Director.
g. Attendance for all trainings is documented via a sign in sheet and information is maintained in training database and attendance folders.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 8.02**
SUBJECT: Supervision	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April15, 2009**
TO BE PERFORMED BY: Supervisory Personnel	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

Purpose: To maintain a system of supervision that promotes effective use of organizational resources and positive outcomes. Clinical supervision assures development of clinical skills, enhanced clinical services to clients and integration of clinical interventions.

Policy: TCCSC supports staff and promotes staff competence by providing regular direct and clinical supervision.

Definitions:

1. Direct Supervision - responsibility for providing day-to-day oversight, ensure adherence to policies and procedures, and ensure direct job duties and functions are carried out.
2. Clinical Supervision - the process by which a qualified and designated licensed clinician directs, monitors, mentors and develops specific clinical activities of a clinical supervisee. The range of activities is determined by the clinical responsibilities and licensure status of the supervisee.
3. Clinical supervisee is a:
    a. Licensed therapist
    b. Licensed waivered therapist
    c. Student Intern
4. Coordinator – responsible for direct supervision of clinical personnel.
5. Clinical Personnel for purposes of this policy include:
    a. Therapist
    b. Facilitator
    c. Student Intern
    d. Case Manager
    e. Rehabilitation Specialist
    f. Child & Family Specialist
    g. Parent Partner

Procedures:

Direct Supervisor

1. Direct supervisor is assigned based on qualifications, organizational area and assigned program.
2. Coordinators are assigned to a program and are competent in assessing service recipient needs, resources available to meet service needs, and legal and policy requirements governing service delivery and assigned program.

3. Coordinators are responsible for:
    a. Delegating and overseeing work assignments.
    b. Ensuring service delivery is performed ethically and according to legal and regulatory requirement; the organization's mission, vision, policies and procedures.
    c. Providing case consultation and in-service training on program specific requirements and other subjects as appropriate.
    d. Identifying unmet training needs.
    e. Ensuring regular case record reviews.
    f. Conducting performance evaluations.
    g. Addressing interpersonal barriers and strengths of assigned personnel.
    h. Offering constructive criticism and suggestions for improvement.
    i. Understanding employment and labor laws.
    j. Providing support and enhancing direct service personnel's ability to perform their jobs by modeling and teaching, as appropriate:
        i. Technical knowledge and skills
        ii. Work management and communication skills
        iii. Conflict management skills
    k. Resolving personnel issues.
    l. Other duties as indentified in specific job description.
4. Coordinators are also responsible for the following administrative functions:
    a. Tracking and monitoring progress of the families and individuals receiving services.
    b. Collecting and applying data to improve client outcomes.
    c. Meeting TCCSC's quality improvement and evaluation requirements.
5. Non-clinical supervisory personnel are responsible for:
    a. Delegating and overseeing work assignments.
    b. Identifying unmet training needs.
    c. Conducting performance evaluations.
    d. Addressing interpersonal barriers and strengths of assigned personnel.
    e. Offering constructive criticism and suggestions for improvement.
    f. Understanding employment and labor laws.
    g. Providing support and enhancing direct service personnel's ability to perform their jobs by modeling and teaching, as appropriate:
        i. Technical knowledge and skills
        ii. Work management and communication skills
        iii. Conflict management skills
    h. Resolving personnel issues.

i. Other duties as identified in specific job description.

Clinical Supervisors

1. Clinical Supervisors are licensed clinicians who meet requirements of and perform duties consistent with the California Board of Behavioral Sciences and with all applicable statutory and regulatory requirements of the clinical program.
2. Clinical supervisors are responsible for:
    a. Ensuring the safety and well being of clients served by the supervisee.
    b. Complying with all Federal and State supervision requirements and adhering to ethical guidelines of the profession.
    c. Conducting clinical supervision with assigned clinical supervisees.
        i. Student interns may be supervised by licensed or licensed waivered therapists who have completed Supervision training with an Accredited Social Work University or provider.
3. Clinical supervisors conduct individual and/or group supervision on a weekly basis, or as dictated by the supervisee's status and clinical needs.
    a. Clinical supervisors provide sufficient time for individual and/or group supervision as appropriate to clinical supervisees' needs or program type, and to conduct evaluations of clinical skills.
    b. Clinical supervisors are available during regularly scheduled clinical supervision hours and when the supervisee needs additional support and direction.
        i. In case of absence of an extended absence, TCCSC will assign a temporary replacement so that clinical supervision is always available.
4. Clinical supervisors are responsible to document:
    a. A structured supervisory plan.
    b. Maintain an up-to-date supervision log in a designated location that includes details about each supervisory session, including:
        i. Name and license number of supervisee.
        ii. The date and duration of session.
        iii. Brief summary of discussion.
        iv. Relevant case consultation notes.

SECTION 9

ADMINISTRATIVE SERVICE ENVIRONMENT

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.01**
SUBJECT: PROMOTION OF HEALTH, SAFETY AND SECURITY	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **3**

PURPOSE:

TCCSC strives in its daily operations to protect the health and safety of the persons and families it serves. It is the goal of TCCSC to create safe, clean, well maintained, and user-friendly facilities along with excellent services and provide for those most in need in the communities we serve.

POLICY:

The administrative and service environments of TCCSC are respectful, caring, safe, accessible, and contribute to the organization's productivity and effective service delivery.

PROCEDURE:

1. In accordance with California State Law, TCCSC does not allow smoking inside or within 25 feet of the entrance to any program facility. (See Administration Policy 9.07 Smoking in TCCSC Facilities) Clients who smoke are provided with information regarding options for smoking cessation, if desired.

2. TCCSC takes appropriate measures to protect the safety of all persons who are in its facilities or on its grounds by providing:
    i. Unlocked doors during all business hours
    ii. Check-in procedures at the front desk
    iii. Security personnel available during office hours

3. TCCSC follows procedures that address the safety of its personnel when off-site and has developed specific methods of maintaining periodic contact with them.
    A. Safety procedures for off-site personnel:
        i. Staff are assigned a pager when they being employment with TCCSC and are required to call back within 15 minutes of being paged.
        ii. Staff are required to wear ID badges while on the premises to ensure safety of building and grounds.
        iii. Staff are required to complete weekly schedules that detail clients seen, time, date and location.
        iv. Staff are trained and knowledgeable about calling 911 in an emergency.
        v. Staff are trained on community safety techniques. Training includes community awareness in high risk areas and behaviors associated with gangs and other deviant behavior.

vi. Staff are encouraged to use the CQI process to raise issues of any safety concerns so they can be reviewed and addressed by the CQI committee.

4. TCCSC trains staff on potential risks they may encounter on-site, in the community and in clients' homes.
    A. Safety procedures for on-site personnel:
        i. Staff will take appropriate measures to protect the safety of all persons who are in its facilities or on its grounds;
        ii. Staff will be provided with training on potential risks they may encounter onsite;
        iii. Staff will be provided with training on self-protection techniques and protocols for maintaining the safety of others on site;
        iv. Each site will have accessible telephones; and
        v. Each site will have security systems or protocol to deter break-ins. Such measures may include alarm systems and security personnel.
        vi. Call 911 for any and all medical emergencies including when responding to respiratory and cardiac arrest.
        vii. Staff are provided with First Aid/CPR training at orientation

5. Fire drills will be conducted at each program location according to legal requirements.
    A. Fire drills will be conducted at least:
        i. Annually and during periods of both activity and rest, as appropriate to the program or service;

6. TCCSC permits the transportation of persons served in vehicles that belong to the agency staff and agency vehicles. For this purpose TCCSC requires personnel using their own vehicles to provide:
        i. Passenger coverage in an amount specified by TCCSC on the driver's automobile liability insurance;
        ii. Proof of insurance or driver's liability insurance;
        iii. Age-appropriate passenger restraints for all passengers;
        iv. Annual validation of licenses and driving records;
        v. Confirmation of appropriate license type; and
        vi. Current vehicle maintenance approval, when vehicle inspections apply.
    A. To ensure the safety of the client and staff, TCCSC will maintain the following information in the employee personnel file located in the Human Resource Department and will include but not be limited to:
        i. Annual review of current driver's license;

ii. Annual review of current driving record;
iii. Proper maintenance of vehicles;
iv. Signed agreement to maintain driver/passenger liability insurance in the amount of TCCSC's minimum liability insurance.
v. Comply with all state/federal laws on age appropriate passenger restraints for all passengers in good operating repair;
vi. Comply with vehicle inspection for California State Licensing;

B. All staff will immediately inform their supervisor of any safety problems surrounding the transportation procedures and fill out an incident report for all safety concerns and incidents related to these procedures;

7. Any TCCSC program that provides services to perpetrators and victims of violent crimes in the same facility or grounds will monitor and manage all interactions between such populations to ensure psychological and physical safety.

8. TCCSC will strive for minimal effects of building changes on service recipients, staff and the environment. During building construction, demolition or renovation, TCCSC will:
   i. Reduce risk to clients, staff and the environment; and
   ii. Minimize impact on clients, staff and the environment.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.02**
SUBJECT: ACCESSIBILITY	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

PURPOSE:

TCCSC makes services accessible to its defined service population and personnel in compliance with all applicable legal and regulatory requirements.

POLICY:

To ensure that Tessie Cleveland Community Services Corporation (TCCSC) complies with the 1991 Federal Americans with Disabilities Act (ADA) and the all other Federal, State, or Local requirements for accessibility.

PROCEDURE:

1. In planning the location of its offices and branches, TCCSC considers:
    a. Accessibility, availability, and affordability of public transportation;
    b. Location of other community resources; and
    c. Special needs of actual and potential persons served within the organization's geographic service areas.

2. To better serve older adults, persons with disabilities, or young children TCCSC:
    a. Designs and adapts its facilities to address the visual, auditory, linguistic, health and motor limitations of its service population;
    b. Provides assisted technology, as needed; and
    c. Coordinates with community resources to ensure that environmental barriers do not impede service goals.

3. As applicable, and in accordance with applicable law, TCCSC ensures that its service facilities are free of architectural barriers that restrict use by some segment of its service population or personnel, and/or TCCSC coordinates use of accessible facilities to provide service to those persons.

4. TCCSC will continue to implement the 1991 ADA Plan developed by the Los Angeles County Board of Supervisors. Reasonable accommodations involving building structure changes and modifications will continue to occur.

5. The appointed TCCSC ADA officer meets monthly with his/her committee, including consumers and staff, to review these and other continued needs for ADA compliance.

6. Training for consumers, family members, staff and contract providers about ADA is provided by the Training Division on a regular basis.

7. TCCSC is committed to remove any barriers, i.e., attitudinal, diagnosis limitations, communication, transportation, employment, promotion, etc., which could inhibit persons with disabilities to succeed.

8. TCCSC shall not admit or discharge a mental health client on the basis of race, physical handicap, color, religion, ancestry, or national origin.

9. Reasonable accommodations for TCCSC also include mental health services which are age appropriate, culturally sensitive, and linguistically correct.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.03**
SUBJECT: LEGAL AND REGULATORY COMPLIANCE	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

Purpose:

To ensure that the programs and services of TCCSC comply with all appropriate statutory requirements, licensures and/or authorizations applicable to its facilities, and its premises are safe and functional for use by service recipients, personnel and visitors.

Policy:

TCCSC will follow and local, state and federal laws to remain legal and regulatory compliance.

Procedures:

1. TCCSC complies with licensing and regulatory requirements as follows:
    A. Programs have current authorization or licensure for facilities that require authorization or licensure; and
    B. Current licenses or other evidence of compliance are prominently displayed in an area visible to the public (such as a reception area).

2. TCCSC complies with all health regulations and codes applicable to its personnel. For facilities, offices, and grounds that are regularly used, rented, or owned.

3. TCCSC maintains a permanent file of reports, including incident reports, which demonstrate its compliance with all:
    A. Certification of occupancy requirements;
    B. Zoning and building codes;
    C. Occupational safety and health administration codes;
    D. Health, sanitation, and fire codes;
    E. Elevator Inspections; and
    F. All other applicable safety codes.

4. All TCCSC personnel will conform to any/all health regulations and codes applicable to the program where he/she works. Where appropriate (due to licensing or contracting standards) all staff will have health screenings, inoculations etc. that may be required either by state/federal law or funding agreements. Additionally, where called for, staff will have the appropriate board of health documentation and training.

5. In addition, all TCCSC facilities are clean, sanitary, and well-lit, and its ventilation, heating, cooling, electrical work, water supply, plumbing, food service, elevators and other fixtures conform to all health, sanitation, and safety codes and regulations.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.04**
SUBJECT: FACILITY MAINTENANCE	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **2**

PURPOSE:

To provide TSCCS a process for the maintenance of staff offices, client waiting area, lunchroom and the over-all facility.

POLICY:

To ensure that TCCSC plans and monitors facility safety on a continual basis.

PROCEDURE:

1. The Risk Manager is to be contacted should any type of building maintenance be needed by completing a Maintenance Work Order. Florine Johnson, is the current Risk Manager and can be reached at (323) 586-7333 and for emergencies on her cell phone at (323) 309-8794.

2. TCCSC conducts and documents:
    A. Regular inspections and preventative maintenance by a qualified professional to ensure the safety of its premises, equipment, and fixtures;
    B. A monthly review of the physical plant's fire extinguishers, fire safety, lighting, heating, and other systems that identify hazardous conditions;
    C. The installation of window guards where necessary; and
    D. Quick responses to emergency maintenance issues and potentially hazardous conditions.
    E. All work order requests and corrective action on work order requests. Any problems or concerns are sent to the CQI committee for review and appropriate corrective action.

3. TCCSC program facilities maintenance falls under the management of the in-house maintenance department. The Executive Director(ED) or their designee manages all maintenance needs. In the event of maintenance need the ED or designee is contacted and a verbal request is made followed by a written request. Written maintenance request are monitored and kept by the ED or designee.
    A. The ED will be responsible for emergency and/or hazardous maintenance issues that may include: uncovered electrical outlets, improper storage of cleaning supplies and other hazardous materials, unsecured floor coverings or equipment, walk-in freezers or refrigerators that do not open from the inside, stairs without handrails, harmful water temperatures, inadequate lighting, ventilation and temperature, unscreened areas or unmarked glass doors, and unsafe use of electrical appliances and objects, overflowing toilets, flooded basements, defective heating systems, and other situations

that can damage property, pose a threat to clients, or interfere with service delivery. The ED will be notified first and if he is unavailable the facility manager will be contacted. The ED will authorize any emergency work that needs to be completed to handle the emergency.

4. The interior of the facility is cleaned on a daily basis by a contracted maintenance service provider. Housekeeping staff empty trash containers, dust and sweep/mop staff offices, reception area, conference room, client waiting area and staff lounge on a daily basis. Staff and client restrooms are cleaned daily; soap and paper goods are refilled daily. Tile is waxed regularly throughout the year.

5. The Gardener and Janitorial staff manages the exterior of the facility. Plants are replaced on an as needed basis. The parking lots and exterior walkways are swept daily and washed on an as needed basis.

6. Maintenance staff does not have access to medical record rooms and can only service the office when the Medical Records Staff is present.

7. TCCSC follows anti-crime procedures to ensure that all buildings, grounds, and facilities are safe and secure for persons served and personnel.

    A. ANTI-CRIME PROCEDURES
        1. Each program within TCCSC will experience the risk of crime in a manner unique to the population served. It will be the responsibility of the Executive Director (ED) to monitor this risk, implement necessary measures to combat crime and train staff appropriately. If no remedy can be found, the matter should be brought before the CQI committee for review and corrective action. Some systems already in place at various program sites are:
            i. Staff training on 911 emergency system;
            ii. Staff awareness of domestic violence situations;
            iii. Locked and monitored exterior doors;
            iv. Security systems with camera surveillance;
            v. Check-in procedures;
            vi. Panic buttons;
            vii. Call screening; and
            viii. Exterior lighting.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ALL	**NUMBER: 9.05**
SUBJECT: TOOLS AND EQUIPEMNT	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY:	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

PURPOSE:

To ensure that Tessie Cleveland Community Services Corporation (TCCSC) governs the safe use of equipment, tools and materials.

POLICY:

The agency continuously strives to provide for the promotion of the health, safety, and welfare of all staff and visitors.

DEFINITIONS:

Equipment - is broadly inclusive of tools and appliances such as microwaves or coffee makers, as well as sports and outdoor equipment.

PROCEDURE:

1. Staff directly supervise the use of equipment, tools, and materials by service recipients and evaluate:
   - The competence of users prior to permitting their use;
   - Whether their use is appropriate to the users' age and competency level; and
   - The potential hazards associated with the use of particular equipment or tools.

2. Equipment and tools are maintained in safe working order.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.06**
SUBJECT: EMERGENCY PREPAREDNESS PLAN	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **18**

PURPOSE:

To provide a structured plan on the preparation for emergencies so staff can effectively prepare for both external and internal disasters that can negatively affect the environment of care. The plan will also help conduct business normally and provide the prompt and orderly notification of all personnel and clients during an emergency or disaster. These procedures will not affect those established for notifying members of emergency treatment issues.

POLICY:

TCCSC will establish and maintain an Emergency Preparedness Program designed to manage the consequences of natural disasters or other emergencies that disrupts the agency's ability to provide care.

DEFINITIONS:

External Disaster - A civil catastrophe, either manmade or caused by an act of God. An external disaster may overwhelm normal facilities. This condition can occur as a result of fires and explosions, storms, civil disorders, multiple injury accidents, military action, among other causes.

Internal Disaster - An event such as a fire or explosion resulting in internal casualties or circumstances. If the situation requires the evacuation of patients, such evacuation will be coordinated with emergency service personnel from the fire and police agencies.

PROCEDURES/STRUCTURE:

1. The agency plays an important role as a provider of care to its clients, families and the community. The agency is ready to assist as needed in case of community emergency, and as appropriate integrates its Emergency Preparedness Plan with community disaster plans, as appropriate, to support the community's response to a disaster. The agency will train its staff on this plan.

2. The scope of TCCSC's emergency plan, both internal and external, will determine the role of the agency or its staff in responding to an emergency. TCCSC will participate in at least two emergency preparedness drills per year.

3. This plan contains processes for preparedness, response, mitigation, and recovery in the event of an emergency. Mitigation activities are those a health care organization undertakes in attempting to lessen the severity and impact a potential disaster or emergency may have on its operation while preparedness activities are those an organization undertakes to build capacity and identify resources that may be utilized should a disaster or emergency occur.

4. The first step in preparing an effective emergency preparedness plan is to prepare a Hazard Vulnerability Analysis (HVA). This analysis assists the organization in determining where it is most vulnerable to emergencies. Completion of the HVA is the organization's first step in the development of mitigation strategy. A HVA is included in this plan. Also an internet search under "hazard vulnerability analysis" will provide additional resources if needed.

5. It is the responsibility of the Clinic Manager or his or her designee to activate the Emergency.

6. It is the responsibility of the Executive Director (ED) or his or her designee to activate the Emergency Preparedness Plan.

7. In the event that total evacuation of the clinic is necessary, the RM or his or her designee will assume the responsibility for clinic evacuation.

8. If an internal disaster disables the agency's essential utility services, the ED will determine whether a contracted service will be used so that reserve utility provisions such as emergency power can be provided. Emergency power will be limited to providing temporary lighting so staff can perform essential functions, such as securing the doors of the clinic, and backing up computer data.

9. COMMUNICATIONS

A. All communication, both within and outside TCCSC, will be coordinated through the receptionist desk in the lobby, as directed by the ED and the RM.

10. RADIOACTIVE OR CHEMICAL ISOLATION AND DECONTAMINATION

B. If an occurrence involves radioactive materials or hazardous chemical spills requiring outside assistance, the ED or RM will contact the licensed and certified hazardous waste

contract provider. State radiation safety authorities will also be contacted in accordance with State law.

C. DISRUPTION OF SERVICES AND MANAGEMENT OF SPACE, SUPPLIES, COMMUNICATIONS, AND SECURITY:

11. If a portion of the agency is incapable of supporting clients and/or staff but total evacuation is not required, the following procedures will be followed:

    a. *Space Allocation*: Clients will be served in unaffected areas of the agency that are able to safely provide services.
    b. *Supplies*: The ED will be immediately notified of any situation that necessitates an increased level of supply items. The existing supply areas will be automatically used to provide supplies to the extent possible.
    c. *Communications*: Both the phone system and cell phones will be used to provide communication between TCCSC and outside agencies. If a total phone loss occurs, a messenger will be assigned to carry messages back and forth within the agency until other arrangements could be made.

    d. *Security*: Needs that might exceed the capability of agency will be relayed to the local police department or contracted security service.

12. DISASTER PROCEDURES FOR STAFF MEMBERS

    a. In the event of either internal or external disaster, the ED, his or her designee, or the RM can initiate the Disaster Call List.

    b. On arrival at TCCSC, staff members will report to the front desk to log in and then to their respective supervisors to be assigned any required tasks involving direct client care, preparing for evacuation, or other assignment.

    c. If a regular work shift ends during the declared emergency period, all staff members will stay at their respective assignments until officially relieved by order of the designee.

    d. All staff members will report changes of address and telephone numbers, as well as their response time to TCCSC's Human Resources Department (HR) as soon as a change becomes effective. HR will continually update the Disaster Call List and provide it to the ED, RM, and other designees.

13. MANAGEMENT OF SERVICES IN DISASTER SITUATIONS

a. If a disaster or an emergency involves TCCSC or staff members, all less-than-essential services will be temporarily modified or discontinued until the situation allows for resumption of full program ability. The ED or his or her designee will determine whether these less-than-essential services are to be effected and, if so, when.

b. Staff members normally involved in provision of services determined by the ED or RM to be less than essential will make themselves available for other duties. These duties may include helping move clients and/or other staff members from the affected area of TCCSC to an unaffected section. These staff members will also be responsible for providing any client transportation. All staff members will be familiar with TCCSC's Emergency Preparedness Plan.
c. Information concerning any client will be released only by a clinician or at the direction of the ED.

14. ADDRESSING THE MEDICATION NEEDS OF CLIENTS

a. TCCSC maintains 24-hour telephone answering capacity. A messaging service answers the phone after business hours and routes all emergency calls to the on call crisis intervention staff.
b. TCCSC crisis intervention staff have access to the physician's availability and are trained on how to access the physician during an emergency or crisis call in order to provide service to clients who are receiving medication.

15. TRAINING OF STAFF IN EMERGENCY PREPAREDNESS PROCEDURES

a. All TCCSC staff are made familiar with the disaster, fire, and emergency plans during the orientation process.

16. EMERGENCY PREPAREDNESS DRILLS

a. Semiannual drills will be conducted. These drills will be held no less than 4 months and no more than 8 months apart. Staff members will participate as necessary to fulfill the requirements for compliance. The drills may involve simulated volunteer clients. Feedback concerning any type of drill conducted will be reviewed by the CQI Committee for necessary actions. For each drill,

preparedness and client management will receive specific attention to evaluate the effectiveness of the policy and implementation of policy by staff members.

b. The Risk Manager (RM) will be responsible for communication of any information or recommendations about proposed changes in the emergency preparedness policy. The RM will see that proposed changes are implemented as specified.

c. The RM will, on a random basis, quiz staff members concerning the Emergency Preparedness Plan and their roles in any drill. This process serves as a source of feedback, which the RM can use for evaluation of the overall effectiveness of the program.

17. ALTERNATIVE AGENCY SITE

a. TCCSC will accommodate all clients' need by providing services wherever and whenever necessary, while still ensuring the safety of the client.
b. Transportation will only be provided as needed and if clarified by all emergency channels as safe to drive vehicles on the road.
c. TCCSC will follow its physician's availability policy to access physician during emergencies and crises to provide services to clients.

18. INTERNAL DISASTER PROCEDURES

a. If there is an occurrence (explosion, bomb threat, fire) in which the number of people requiring care exceeds the immediate resources: The ED, or RM if directed, will evaluate the area or modality needs, including staff.
b. Coordinators will send all available staff to the ED for assignment:
    i. Primary location: Waiting room reception area, if this area has been compromised then use the secondary location:
    ii. Secondary location: Large Conference Room. Staff members will await further instructions from the ED or, if he or she is given authority, the RM.
    iii. Staff members will activate the modality or service callback list, obtain approximate response times of employees, and have employees report to the staffing pool to be assigned as needed.
    iv. The modality or service will maintain operation as normally as possible. If additional staff members are necessary, the ED will evaluate contacting outside support

v. Disaster alert status and function will be maintained until "Emergency all clear" is announced or indicated by the RM.

19. BOMB THREAT (**CODE 5**)

a. If a bomb threat is received, the receptionist and ED will be notified immediately. Staff members will maintain a calm environment.
   1. In the event of a phone call with a bomb threat:
      i. Take the message.
      ii. Keep the caller on the line as long as possible. Ask him or her to repeat the message. Record every word spoken by the person.
      iii. If the caller does not indicate the location of the bomb or the time of possible detonation, ask him or her for this information.
      iv. Inform the caller that the building is occupied and detonation of a bomb could result in death or serious injury to many innocent people.
      v. Be alert for distinguishing background noises, such as traffic, music, voices, aircraft, church bells.
      vi. Note distinguishing voice characteristics (sex, voice quality, speech impediments).
      vii. Note whether the caller indicates knowledge of this clinic or insight by his or her description of locations or the company. Lead him or her on; kill time; learn whether the caller is knowledgeable about the clinic.
      viii. Complete a Bomb Threat Call form while you are on the phone or as soon as the party hangs up. (Bomb Threat Call Forms are attached.)
      ix. Notify the Clinic Manager or, if the Clinic Manager is not available, the RM.
      x. Immediately phone the Clinic Manager's office, and state that you have received a bomb threat.
      xi. Supply the details and follow instructions.
      xii. The Clinic Manager or his or her designee will notify the police and fire departments.
      xiii. If the call has been received by someone other than intake personnel, clinic administration will notify the intake telephone operator.
      xiv. The person receiving the call will take the Bomb Threat Call report information or form directly to the Clinic Manager's office.

xv. Patients and other personnel should not be alerted that a threat was received until the Clinic Manager, acting Clinic Manager, or RM gives such instructions.

2. *Intake Telephone Operator:*
   i. All incoming calls from emergency agencies will be transferred to the ED or acting Manager.

b. All staff will passively search for items that look out of place but will *not* move items to search the clinic. The bomb squad will do this. Employees will make note of any unusual looking item but will *not* touch or disturb it in any manner. Staff will report anything unusual to the RM, who will prepare an evacuation plan to be initiated on order of the bomb squad.
   1. *Suspicious Package*
      i. If a package that appears suspicious is received or found within the clinic, notify the Safety Manager, acting Manager, or ED. Do not handle the package. Clear the immediate area of patients and personnel.
      ii. If package appears suspicious to the ED, or RM, he or she will ask the designated staff person to send for the police and bomb squad.
      iii. Keep the area clear until the police or bomb squad arrives and completes its inspection.

c. All personnel will try not to upset clients and will assist in evacuation, if not assigned to other duties by the ED, RM or his or her designee.

d. *Evacuation*
   i. Only the ED, acting Manager, or RM may order evacuation of the agency. Staff will be instructed whether or not only a Single area will be evacuated or if there will a general evacuation will be ordered: The public address or telephone system will be used to give instructions. If the threatener has given a time for the bomb to go off, the fire alarm system will be activated immediately before that time (for fire and damage containment in case of an actual bomb).

20. EXTERNAL DISASTER PROCEDURES

a. If there is an occurrence in a location other than those listed previously in which the number of people requiring care exceeds the immediate resources of the clinic: The command clinic will have a fixed location at the receptionist desk in the waiting room with mobile sites located at a freestanding site. The ED, his or her designee, or the RM, will be the person in charge with the following duties:

i. Approving the implementation of the Emergency Preparedness Plan and evacuations
ii. Maintaining information flow throughout the clinic
iii. Determining the extent of callback
iv. Identifying new designated areas if needed and communicating this information to the staff (at the receptionist desk) and the RM at TCCSC

b. A staffing pool will be located at the receptionist desk in the patient waiting area. The staff conference room or kitchen area will be used if the waiting room has been affected by the disaster.

c. The RM or his or her designee will be the person in charge with the following duties:
   i. Maintaining a log of resources reporting to the staffing pool
   ii. Maintaining a record of assignments made from the staffing pool (who, where, when returned)
   iii. Maintaining a quiet, calm atmosphere
   iv. Communicating needs for staff to the ED or his or her designee
   v. Communicating availability of services status to the command center.
   vi. Making modality assignments and relaying information to the ED.

d. An information center will be located in the waiting room.
   1. The ED or his or her designee will be the person in charge with the following duties:
      i. Maintaining approved information flow to the public
      i. Maintaining approved information flow to families of people involved in the disaster
      ii. Maintaining the waiting area for clients and visitors
      iii. Maintaining and distributing a log for the Red Cross, if appropriate.

e. If treatment areas are undamaged, they will be used as usual.

21. EVACUATION PROCEDURE

a. Immediate Evacuation
   i. First move clients and staff who are closest to the danger.
   ii. Separate an emergency area from people by a fire door.
   iii. Move medical records with clients, if possible
   iv. In event of fire, *do not* use elevators.

b. *Planned Evacuation*
   i. Planned evacuation will be initiated by the ED or RM only. A runner will notify the modalities or services of need, extent, and timeframe of the evacuation.

c. *Evacuation Areas*
   i. The Sheriff's parking lot will be the designated evacuation area except in inclement weather, the ED or RM will indicate a secondary evacuation area.

22. FINANCE DISASTER PLAN
   a. All staff assigned to the finance department will report to their supervisor.
   b. At the "all clear" announcement, staff will resume normal operational functions.

23. BUSINESS OFFICE DISASTER PLAN
   a. One employee will report to the Clinic Manager to assist at the information center.
   b. All other personnel in the business office will report to the staffing pool.

24. STAFFING DISASTER PLAN
   a. All staff will remain at clinic.
   b. Available staff will assist the assigned staff member in callbacks of employees at the direction of the command clinic.
   c. On completion of callbacks, available staff will report to the staffing pool and will be prepared to take over the leadership role of the staffing pool if needed.
   d. At the "all clear" announcement, staff members will return to modality or service operations.

25. STAFF AND STAFF FAMILY SUPPORT ACTIVITIES
   a. This plan acknowledges that the staff of this organization its greatest asset. If staff or staff family members are directly impacted by a community emergency or disaster, the clinic leadership will be sensitive to this and attempt to ameliorate this. Support of impacted staff and families may include: referrals to disaster relief organizations and referrals for incident stress debriefing. The RM will be available to discuss any staff or family needs based on staff family impact or community emergency or disaster.

26. MEDICAL RECORDS

a. All staff will report to the front office and await further instructions.

27. PERFORMANCE STANDARDS: will include, over time:
    a. Emergency preparedness knowledge and skill for staff
    b. Completion of two emergency preparedness drills per year
    c. The level of staff participation in emergency preparedness management
    d. Monitoring and inspection activities
    e. Emergency and incident reporting procedures that specify when and to whom reports are communicated
    f. Inspection, preventive maintenance, and testing of applicable equipment
    g. Use of space
    h. Replenishment of supplies
    i. Management of staff.
    j. At least one specific performance standard in this plan will be identified for measurement at any given time.

28. ANNUAL EVALUATION
    a. An annual evaluation of the effectiveness of the Emergency Preparedness Plan undertaken at the agency will include performance measures, using the previous year's quarterly reports; recommendation from the Board of Directors; and input from the CQI/Safety Committee and other relevant sources of safety outcome sources. This evaluation will include statistical trends. These reports will be presented to the CQI Committee.
    b. The agency's leadership will prioritize opportunities for improvement in this function.

29. EMERGENCY WATER SUPPLY

1. DRINKING WATER
    a. If the agency's drinking water supply is contaminated or unavailable, the RM or his or her designee will determine whether the agency should remain open. If the RM determines that it is appropriate for the clinic to remain open or open for just the day, additional bottled water will be available from the front desk. The RM will identify a staff member to contact the water source and to arrange delivery or pickup of the water.

2. NONSTERILIZED WATER

(definition: a large base supply of water requiring sterilization if it is to be used for human consumption, that is, drinking water)

29. EMERGENCY ELECTRICAL POWER
    1. EMERGENCY ELECTRICAL POWER
        a. If the clinic's electrical power supply is compromised or unavailable, the RM or his or her designee will determine whether the agency should remain open or should open for just the day. If it appears that electrical power will be resumed in a short time, clients and staff may be advised to wait.
    2. If the RM determines that the power will not be resumed before the end of the business day, he or she may close the agency. In such a case, clients will be directed to the alternate location. If the RM determines that it is appropriate for the agency to remain open or open for staff, but not client, emergency lighting and power can be supplied by TCCSC's Maintenance Department. The RM will identify a staff member to contact the maintenance department and to coordinate delivery of the required generator capacity. This temporary electrical power will usually be used to accomplish only essential business functions.

30. EMERGENCY PREPAREDNESS EVACUATION
    1. When evacuation of clients from threatened or affected areas of the agency is required, safety of lives is the primary concern. Therefore, the evacuation must be carried out as quickly and efficiently as possible.
    2. *Authority To Evacuate*
        a. Authority to order evacuation is vested in the ED and RM or a designee.
    3. A control center will be activated to concentrate appropriate administrative personnel in one area near sufficient telephones, such as the reception area.
    4. The RM or his or her designee is responsible for shutting down the air-conditioning, heating, and other utilities to all or part of the facility.
    5. *Types of Evacuation*
        a. All patients will be evacuated in the event of
            i. Disruption or discontinuance of services
            ii. Power outage or other calamity that causes damage to the facility or threatens the safety and welfare of clients and staff
            iii. Natural disaster of such magnitude or threat that it endangers the safety and welfare of clients and staff members.
    6. Evacuation will be partial or full, depending on whether an area is uninhabitable for client or staff safety, requiring partial or complete closure of a modality or an area of service.

7. *Procedure for Evacuation*
    a. The RM or his or her designee will supervise staff in preparing clients to be evacuated.
8. An individual appointed by the RM will notify clients' families of the location of clients and will make a list of clients evacuated to other areas or facilities. This list will be given to the RM or his or her designee.
9. The staff pool will provide additional help as needed.
10. Clients will be evacuated to an area of safety by whatever means are available, and provision will be made for clients' comfort and safety.
11. The public address system (PA) will be used to announce evacuation plans. If the PA is not available, the RM will designate a runner to announce the evacuation.
12. An evacuation route and meeting place, which if appropriate will be the same as that for fire evacuation, will be identified at the CQI/Safety Committee Meeting.
13. The fire evacuation route as designated by maps posted throughout the building will be followed.

31. EMERGENCY PREPAREDNESS STAFF TRAINING

1. All staff will receive specific training at least annually in their individual and service roles during both internal and external disasters.
2. TCCSC's Training Coordinator is responsible for scheduling emergency preparedness training for the entire agency for the respective modalities and services. It is the responsibility of the Training Coordinator to ensure attendance by all staff. The Training Coordinator is responsible for the content of the training to ensure that all employees know their roles as outlined in the Emergency Preparedness Policy. It is the responsibility of the Training Coordinator to work with the RM and ED to ensure that this training covers all employees annually and to obtain appropriate documentation.
3. Training will include:
    a. Specific roles and responsibilities during emergencies
    b. The information and skills required to perform duties during emergencies
    c. The backup communication system used during disasters and emergencies
    d. How supplies and equipment are obtained during disasters or emergencies.

32. EMERGENCY PREPAREDNESS PLAN DRILLS

1. Implementation of the Emergency Preparedness Plan will be conducted at least semiannually, no less than 4 months and no more than 8 months apart, at each clinic, either in response to an emergency or as a planned drill. One internal and one external disaster will be rehearsed.
2. The RM has the responsibility to develop the scenario and disseminate the necessary information to staff. The time and other details concerning the disaster will be controlled by the RM.
3. Cooperation with city, county, and State agencies in large-scale drills, where available, will be an ongoing policy coordinated by the RM.
4. Actual emergencies may be counted towards the two required annual drills.
5. All emergency preparedness drills or actual occurrences will be critiqued by the RM and ED and reviewed and evaluated at the next CQI/Safety Committee Meeting.

33. RIOT OR CIVIL DISTURBANCE RESPONSE PLAN

PURPOSE
A civil disorder may escalate from a minor disturbance to a major riot through the actions of one individual or a group of individuals who are well organized. The first ingredient is a “cause” or reason for upsetting the normal routine or committing aggressive action against the clinic or the company, its personnel, or one or more of its patients.

PROCEDURE
General
As soon as it is suspected or determined that a person with no official business or related reason for being at the agency is, in fact, circulating within the premises, he or she shall be challenged, preferably by the agency’s contracted security service, and escorted out of the building as discreetly as possible, on the basis that he or she has no reason for being in any part of the facility except the waiting area and that the agency is a private institution. If the person objects, the security guard will notify the police department and the ED, and the challenged individual will be allowed to speak to the police department on the telephone. In most cases, the person will not take the opportunity, but the agency will have protected itself from any charges of unfair treatment or discrimination.

When it has been determined that a group of individuals is at the agency on other than official or related business, all entrances shall be secured, and, where possible, the group will be isolated

and prevented from circulating through the rest of the site. The police will be summoned by the ED, RM, or a designee who will brief the police watch commander over the telephone.

Responsibilities in a potentially violent situation
The ED, acting Manager, or RM will maintain contact with the police and fire departments. If the agency has a contract with a private security service, that service should be contacted and asked for assistance. If the agency has a security contract or agreement with a nearby hospital, the hospital should be contacted and asked for assistance.

The Clinic Manager, acting Manager, and RM need to be familiar with this policy. Because these individuals are often the first contact with participants in any type of civil disturbance, it is most important that they correctly estimate the situation and avoid aggravating it. They will be the first and most reliable sources of information needed by the police to properly respond to a potentially violent situation. Information about the circumstances surrounding the situation of unrest will help clinic leadership in dealing with the group or an individual ringleader in the early stages of the controversy. In the case of an organized group attempting to reach a patient or a member of the staff with intent to harm, the agency's leadership's only recourse is to prevent entry to the area where the target individual is located.

The responsible officers should be prepared to call the police, or outside security agency, if a trouble situation appears to be developing. If there is any doubt, it is better to sound an alert too early rather than too late because the situation can often be resolved before violence occurs.

Intake telephone line
The agency will maintain a current list of phone numbers for the police; security agency, if contracted; fire departments; and key agency staff to be notified in an emergency situation, and a code designation, "Code_____," familiar only to agency staff should be announced over the public address system to alert staff members to a possible or actual civil disturbance.

Any disturbance will be reported in accurate detail. It is essential that the true nature of the disturbance be reported so that the appropriate course of action and corrective measures can be applied.

Responsibilities in a violence imminent or in progress
The ED, acting Manager, or RM will contact the police; security agency, if one is contracted; and fire departments. Business phone numbers will be used if no violence has occurred. Emergency phone numbers will be used if violence has occurred or is imminent. The ED, acting Manager, or RM will carefully report the incident in terms of numbers of participants, reasons for unrest,

observed conduct of group leaders, and any other information requested by the police; write down any instructions given by the police; and follow their procedures precisely.
A designated staff member will contact the intake secretary and report the nature and extent of the incident and notify the ED, or appropriate staff to give details of the incident or disorder, including steps taken by security personnel.

A designated staff member will follow instructions received from the ED, acting Manager, or RM.

The ED, acting Manager, or RM will decide on the course of action to be taken pending arrival of police or security agency.

The ED, acting Manager, or RM will instruct the switchboard operator or receptionist to call off-duty staff and inform them of the situation. Security and police personnel will be directed to report immediately to assist in coping with the situation. All except security personnel will be instructed to remain out of the clinic until further notice.

In the final analysis, any local condition of unrest or social upheaval that affects the orderly conduct of the agency functions will be handled by the local public protection services with full assistance and cooperation from clinic staff members.

34. EARTHQUAKE RESPONSE PROCEDURE

1. INJURIES ARE COMMONLY CAUSED BY
   a. Partial building collapse; collapsing walls; falling ceiling plaster, light fixtures, and pictures
   b. Flying glass from broken windows and mirrors
   c. Overturned bookcases, fixtures, and other furniture and appliances
   d. Fires, broken gas lines, and similar causes, with danger aggravated by the lack of water due to broken mains
   e. Fallen power lines
   f. Drastic human actions resulting from panic.

2. IMMEDIATE RESPONSE MEASURES FOR ALL PERSONNEL

1. On detection of shock, remain in place.
2. Remain calm. Think through the consequences of any action. Try to calm and reassure others.

3. If indoors, watch for falling plaster, light fixtures, and other objects. Watch out for high storage areas, shelves, and tall equipment that might slide or topple. Stay away from windows and mirrors. If in danger, get under a table, desk, or gurney, in a corner away from windows, or in a strong doorway. Encourage others to follow your example. Usually it is best not to run outdoors.
4. After the initial shock has ended and a reasonable interval has passed with no further shock, survey immediate surroundings to determine injuries and damage. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
5. If telephones are operating, call the reception and the ED or his or her designee to report the condition of patients and estimated damage in your area.
6. If you are in the area of damage and are not seriously injured, your first responsibility is to the clients in your vicinity. If possible, reassure them and attempt to calm those who may be hysterical or panic stricken. If there are obvious injuries from falling objects, shattered glass, or clients or staff trapped under debris, you must request assistance and perform first aid within your capability where possible until medical personnel arrive to assist in treatment or rescue. Check for fire or fire hazards from broken electrical lines or short circuits, and follow the fire response procedures if a fire is discovered or can reasonably be expected.
7. Do not attempt to lead or assist any patients to leave the agency until you are directed to do so by the ED or his or her designee. If the agency has not been made unsafe by the earthquake, it is advisable to encourage clients to stay inside until they have arranged safe transportation home or have determined the conditions of the roadways.
8. Make sure all clients wear shoes in areas near debris and glass. Immediately clean up spilled medications, drugs, and other potentially harmful materials. If the water is turned off, emergency water can be obtained; assess bottled water inventory. Check to see that sewage lines are intact before permitting flushing of toilets. Check closets and storage shelve areas. Open closet and cupboard doors carefully, and watch for objects falling from shelves.
9. Be prepared for additional aftershocks. Although most of these are smaller than the main shock, some may be large enough to cause additional damage.
10. *ED or his or her designee:*
    a. After receiving damage assessment reports from all modalities and services, determine the advisability of partial or complete evacuation of the clinic.
    b. If evacuation is deemed advisable, determine the condition of exit areas and avoid those that are obstructed or otherwise hazardous. The RM should clearly mark the recommended route of egress.
    c. Conduct an immediate check of all communications systems including clinic PA, radio network, and telephones. Initiate actions to restore

service or use other communication resources, including walkie-talkie, cellular telephones, or messengers.

d. Direct implementation of evacuation procedures outlined in the Emergency Preparedness Plan.
e. Ensure that all local emergency service authorities are informed of the degree of damage and extent of injuries sustained by the site, its patients, and personnel.

11. Control Center

a. Direct disaster response activities in accordance with the instructions in the Emergency Preparedness Plan.
b. Initiate recall of staff.
c. Establish transport teams to assist in transport of clients within the clinic as required.
d. Provide for emergency messenger service.
e. Establish the casualty information agency, and instruct the ED about information to be released to media and concerned individuals.
f. Establish an injured clients list, and indicate where each client is located for incoming medical personnel.
g. Ensure the establishment and maintenance of a master list of clients and treatment and disposition.
h. Request additional professional assistance as needed through the local emergency medical services network.

12. *Personnel Pool*

a. Provide staff to operational areas as the situation requires.
b. Maintain adequate records of staff arriving and their assignments and of those released from duty. All “professional volunteers” for emergency service will be approved by the ED before being assigned for duty. Call additional staff to satisfy developing staff requirements. Reassign staff-based on the priority of requirements throughout the site.

13. *Security*

a. Control entrances to agency. All clients, visitors, and staff members must sign in at the front desk.
b. Provide for a free flow of emergency vehicle traffic.
c. Instruct the front desk to direct incoming staff and members of the public to appropriate areas.
d. Intensify safeguards for prevention of theft from clients.

e. Ascertain the need for emergency generator capacity. If it is determined that temporary emergency power is needed for essential staff functions, refer to the Emergency Electrical Power procedures.
f. Ensure that the ED or his or her designee checks utility lines and appliances for damage. Only the ED or his or her designee or a representative of the power company may shut off any valves or circuits. If gas leaks exist the ED will shut off the main gas valve. If there is damage to wiring, the ED will shut off electrical power. The ED will report damage to the appropriate utility companies and follow their instructions. No one should use matches, lighters, or open flame appliances until it is determined that no gas leaks exist. Electrical switches or appliances should not be operated if gas leaks are suspected; sparks can ignite gas from broken lines.

14. *Business Office*
    a. The office should provide staff members as directed to help with the clients.

35. TOXIC EXTERNAL ATMOSPHERE
    1. To protect clients, staff members, and visitors from the effects of a potentially toxic external atmosphere that can include contamination by a chemical cloud, smoke, or other such pollutants to the extent it becomes a significant threat to life or health.
    2. Notify the ED and RM when the clinic is notified of a toxic external atmosphere. The ED will assign specific tasks.
    3. Keep all doors to the outside closed.
    4. Shut down all air handlers in the building, including outside air makeup where feasible.
    5. Direct the RM to lock all entrances.
    6. Have the ED or his or her designee make an announcement on the PA requesting that no one leave the clinic or open outside doors.
    7. Keep all interior doors leading to different compartments closed.
    8. When civil authorities have announced that the emergency situation has cleared, announce that it is safe for clients and staff to stay or leave.

ATTACHMENTS

Attachment I Community Emergency Telephone Numbers

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.07**
SUBJECT: SMOKING IN TCCSC FACILITIES	
APPROVED BY: Moses Cherwin	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To establish criteria and guidelines for enforcement of TCCSC'S policy to control smoking within its facilities.

Definitions:

Smoking - is defined as the smoke of a pipe, cigar, cigarette or any other like substances; lighting such a substance; and/or carrying a burning pipe, cigar, cigarette or like substance of any kind.

Policy:

It is recognized that TCCSC has a responsibility to establish, maintain and promote a healthful and safe working environment and to reduce health and safety risks of its employees and the public at large.

Tobacco smoke is a hazard to the health of TCCSC employees and the general public and represents an annoyance that should be regulated and banned in all TCCSC facilities to the end that air quality in all such facilities be improved for the preservation and improvement of the health of all TCCSC employees and the public.

All portions of TCCSC-owned facilities and all portions of facilities leased by or from the TCCSC, which areas are not open to the sky, shall be designated as "No Smoking" areas. (Los Angeles County Code 2.126.040)

All TCCSC vehicles shall be designated as "No Smoking" vehicles.

Procedure:

Wherever smoking is permitted, the individuals smoking shall be responsible for disposing of the ashes and discarded smoking materials.

Signs denoting "No Smoking" areas shall be posted in each TCCSC facility and work location as deemed necessary for effective compliance with this policy.

Violation of this chapter shall constitute an infraction.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.08**
SUBJECT: Special Health Precautions	
APPROVED BY: Moses Cheeseman	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **13**

POLICY:
Tessie Cleveland Community Services Corporation (TCCSC) maintains a safe and hygienic environment.

PURPOSE:
TCCSC minimizes the risk of exposure to contagious and infectious disease by:

- adhering to CDC and OSHA guidelines;
- consulting with the Los Angeles County Regional Health District or other health professional qualified to provide such information; and
- annually train program personnel on universal disease precautions.

DEFINITIONS:

N/A

PROCEDURE:

(ECP) EXPOSURE CONTOL PLAN

TCCSC is committed to providing a safe and healthful work environment for all staff and volunteers. In pursuit of this endeavor, the following exposure control plan (EPC) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with OSHA standard 29 CRF 1910.1030, “Occupational Exposure to Blood borne Pathogens” and COA standard G5.8 “Contiguous and Infectious Diseases.

The ECP is a key document to assist our agency in implementing and ensuring compliance with the standards, thereby protecting our employees and volunteers. This ECP includes:

• Determination of employee exposure
• Implementation of various methods of exposure control, including:
1. Universal precautions
2. Engineering and work practice controls
3. Personal protective equipment
4. House keeping
• Hepatitis B vaccination
• Post-exposure evaluation and follow-up
• Communication of hazards to employees and training
• Recordkeeping

• Procedures for evaluating circumstances surrounding and exposure incident

The Executive Director (ED) is responsible for the implementation of the ECP. The ED will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those employees who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this ECP.

The agency will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers, labels, and red bags as required by the safety standard. The agency will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Human Resources Director (HRD) will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The HRD will oversee training, documentation of training, and making the written ECP available to employees, OSHA, and COA representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications within TCCSC in which employees or volunteers have occupational exposure:

JOB TITLE DEPARTMENT/LOCATION

Universal Precautions: All employees will utilize universal precautions.

Exposure Control Plan: Employees covered by the blood borne pathogens policy receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by reading the plan in the policy and procedures manual located in the human resources department.

The ED is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices: Engineering controls and work practice controls will be used to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls used are listed below:
• Sharps Containers
• Diaper torpedo
• Sealed Plastic Bags

Management of Exposure to Blood or Body Fluids
If a staff member has parenteral (needle stick, cut or other) or mucous membrane (splash to eye, nose, or mouth) exposure to blood or other body fluids, or has cutaneous exposure of non-intact skin (chapped, abraded, or afflicted with dermatitis) involving blood, the action outlined below needs to be taken.

1. Immediate Action
If skin is penetrated, wash the area with soap and water. (Alcohol-based hand rinses or foams (60 to 90 per cent alcohol by weight should be used when water is not available).

If blood gets on the skin, irrespective of whether there are cuts or abrasions, wash well with soap and water.

If the eyes are contaminated, rinse the area gently but thoroughly with water or normal saline while the eyes are open.

If blood gets in the mouth, spit it out and then rinse the mouth with water several times.

2. Report to Supervisor, Program Director, or ED

Complete an accident report form and include:
• Date and time of exposure.
• How the incident occurred.
• Name of the source individual (if known).

Incidents that did not occur at work should be reported to a doctor or the Accident and Emergency (Casualty) Department at the nearest hospital.

If a needle/syringe was involved, place it in a rigid-walled container such as a lunch box. Take it with you to the doctor. *Note: Do not attempt to cover the needle because of the risk of further injury.*

In the event of an exposure to a source individual who has been previously tested and confirmed as HIV, HBV or HCV positive, the affected person should immediately be evaluated by a physician with experience in the management of these infections. The source patient should be informed of the exposure, and following appropriate explanation, should be asked to consent to serologic testing for evidence of:

- HIV antibody (informed consent required).
- Hepatitis B surface antigen (HBsAg).
- Hepatitis C Antibody (Anti-HCV).

Blood samples should be collected as soon as possible after the incident and processed urgently.

Human Immunodeficiency Virus (HIV)
If the source individual is positive for HIV antibody or the source is unknown, the affected person should be offered counseling. They should also be informed about the risk of transmission, which is estimated to be 0.3 per cent if the source is HIV positive.

Informed consent should be obtained for baseline HIV serology as soon as possible after exposure. An initial positive result would indicate that transmission had occurred prior to exposure.

The affected person who is initially positive should be retested for HIV antibody at three weeks, and finally retested three months after exposure. When the source individual is HIV positive, post-exposure prophylaxis with zidovudine, also known as azidothymidine (AZT) (or other drugs that may become available for this purpose), may be offered to the affected person. The risk of zidovudine to mother and fetus should be carefully considered against the benefit of this antiviral drug in a pregnant woman who has had a significant exposure.

Prophylaxis should be commenced only after counseling the affected person and informing them of the absence of data regarding the efficacy, toxicity and safety of zidovudine for this purpose.

Prophylactic zidovudine should be at no cost to the affected person. Treatment should begin as soon as possible after exposure (preferably within two hours). The suggested dose of zidovudine is 200 mg orally five times per day, or 250 mg four times a day for six weeks.

Doctors should emphasize the importance of strict compliance with the treatment regimen. They should describe the potential side effects and the appropriate course of action if these are experienced. The affected person should be followed up to ascertain any febrile illness that occurs within three months after exposure. Such illness, particularly one characterized by fever, rash or Lymphadenopathy, may indicate primary infection with HIV.

During the period of surveillance (that is, three months):

- Do not donate plasma or blood, body tissue, milk or sperm until approved by the evaluating physician.
- Protect sexual partners from contact with blood, semen or vaginal fluids.
- Avoid pregnancy until HIV status is known.
- Consider work practices for health care workers.

Source HBV positive (HBsAg positive):

The approach to investigation is modified according to whether or not the affected person has received a course of hepatitis B vaccine.

If the affected person has been vaccinated, take blood for estimation of hepatitis B surface antibody (Anti-HBs) to confirm that vaccine immunity is being maintained.

Antibody titres may fall below protective levels some years after vaccination (nonprotective levels less than 10 IU/l).

If the affected person has not been previously vaccinated for hepatitis B, take blood for estimation for hepatitis B core antibody (Anti-HBc), Anti-HBs or other test such as HBsAg that is available in your local laboratory to determine previous infection.

These tests will indicate whether the affected person has previously been infected with hepatitis B. If the affected person has been previously infected, no further action is required.

Where the affected person has not been infected with hepatitis B and is negative for Anti-HBs or has levels that are non-protective (less than 10 IU/l), hepatitis B immunoglobulin (HBIG) should be given within 48 hours of injury when:

- The source individual is HBsAg positive.
- The source individual is unknown.
- The results of tests on the source individual and affected person are unavailable within 48 hours.

Persons eligible for HBIG should commence a vaccination course at the same time. Three vaccinations at zero, one and six months are required.

When the affected person is immune (Anti-HBs positive), consider checking antibody levels or providing booster vaccination if the previous course was completed more than five years ago.

Source Anti-HCV Positive:
The risks and some mechanisms of HCV transmission in health care settings are not firmly established.

At present, apart from thorough washing (as for HIV and HBV) at the time of injury, there is no known treatment that can alter the likelihood of transmission.

The reasons for following up affected persons are to ascertain whether HCV infection occurs and to provide treatment and support.

The affected person should be tested for Anti-HCV at zero, three and six months. Follow-up should be undertaken by a specialist with knowledge of HCV infection.
Reasonable efforts should be made to identify source persons or syringes. If the source remains unknown, an appropriate follow-up should be determined on an individual basis depending on:

- Type of exposure.
- Likelihood of source being positive for a blood pathogen.
- Prevalence of HIV, HBV and HCV in the community from which the instrument or needle comes.

Appropriate follow-up should also determine the risk of tetanus. Depending on the circumstances of the exposure, the following may need to be considered:

- Tetanus immunoglobulin.
- A course of adult diphtheria and tetanus (ADT). or
- ADT booster.

TCCSC identifies the need for changes in engineering control and work practices through the CQI reporting process. Both front line workers and management are involved in this process. Any identified need for new products or procedures will be regularly evaluated and implemented by the ED.

Personal Protective Equipment (PPE)
PPE is provided to all staff and volunteers at no cost to them. Training is provided by the ED in the use of the appropriate PPE for the tasks or procedures staff and volunteers will perform.
The types of PPE available to employees are as follows:

- Gloves in various sizes
- Resuscitator devices

PPE is located at each program site as per the direction of the ED. Staff and volunteers will be oriented as to the availability of PPE by the HRD and the ED will be responsible for ensuring the availability of PPE.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in sealed plastic bags or the diaper torpedo.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barriers is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

- Remove all PPE carefully
- Dispose of items in proper container
- Seal container
- Wash hands with soap

Housekeeping
Waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see labels), and closed prior to removal to prevent spillage or protrusion of contents during handling.

Procedure for Dealing with Spills of Blood and Body Fluids

Equipment:

- A spill kit should contain a large (10 litre) reusable plastic container or bucket with fitted lid, containing:
- A 5 litre impervious container (treated cardboard or plastic) with fitted lid for waste material.

- Two large (10 litre) zip-seal plastic bags for waste material.
- A disposable, sturdy cardboard scraper and pan (similar to a 'pooper scooper').
- Five granular disinfectant sachets containing 10,000 ppm available chlorine or equivalent. (Each sachet should contain sufficient granules to cover a 10 cm diameter spill.)
- Disposable rubber gloves that are suitable for cleaning.
- Eye protection (disposable or reusable).
- A plastic apron.
- A mask (for protection against inhalation of powder from the disinfection granules, or aerosols from high-risk spills that may be generated during the cleaning process).

Spot Cleaning:

- Wipe up spot immediately with a damp cloth, tissue or paper towel. An alcohol wipe may be used.
- Discard contaminated materials (tissue, paper toweling, alcohol wipe) in accordance with State/Territory regulations.
- Wash hands.

Small Spills (up to 10 cm diameter):

- Collect cleaning materials and equipment ('Spills kit optional').
- Wear disposable cleaning gloves. Eyewear and plastic apron should be worn where there is a risk of splashing occurring.
- Wipe up spill immediately with absorbent material (for example, paper hand toweling). Place contaminated absorbent material into impervious container or plastic bag for disposal.
- Clean the area with warm water and detergent using disposable cleaning cloth or sponge.

Where contact with bare skin is likely, disinfect area by wiping with sodium hypochlorite 1,000 ppm available chlorine (or other suitable disinfectant solution) and allow to dry.

Discard contaminated materials (absorbent toweling, cleaning cloths, disposable gloves and plastic apron) in accordance with State/Territory regulations.

Wash hands.

Reusable eyewear should be cleaned and disinfected before reuse.

Large Spills (greater than 10 cm diameter):

- Collect cleaning materials and equipment ('Spills kit optional').
- Wear disposable cleaning gloves, eyewear, mask and plastic apron.

- Cover area of the spill with granular chlorine releasing agent (10,000 ppm available chlorine) or other equivalent-acting granular disinfectant and leave for three to 10 minutes, depending on formulation and labeling instructions.
- Use disposable (for example, cardboard) scraper and pan to scoop up granular disinfectant and any unabsorbed blood or body substances. Place all contaminated items into impervious container or plastic bag for disposal.
- Wipe area with absorbent paper toweling to remove any remaining blood and place in container for disposal.
- Discard contaminated materials (absorbent toweling, cleaning cloths, disposable gloves and plastic apron) in accordance with State/Territory regulations.
- Wash hands.
- Use ward cleaning materials to mop with warm water and detergent.
- Where contact with bare skin is likely, disinfect area by wiping with sodium hypochlorite 1,000 ppm available chlorine (or other suitable disinfectant solution) and allow to dry.
- Clean and disinfect bucket and mop. Dry and store appropriately.
- Reusable eyewear should be cleaned and disinfected before reuse.
- Notes:
    i. Spill = a spill of blood or body substances.
    ii. * Spills kit (see above).
    iii. Where a spill occurs on a carpet, shampoo as soon as possible.
    iv. Do not use disinfectant.
    v. Hypochlorites are corrosive to metals.
    vi. Sodium dichloroisocyanurates are less corrosive to metals,
    vii. but it may be difficult or impossible to prepare concentrated solutions above 1,000 ppm.
    viii. Wash hands thoroughly after cleaning is completed.

Reprinted from *Infection Control in the Health Care Setting*, 1996, NH&MRC, page 21.

NOTE: Fresh solutions of diluted household bleach made up daily (every 24 hours) are also considered appropriate for disinfection of environmental surfaces and for decontamination of sites following initial cleanup (i.e., wiping up) of spills of blood or other potentially infectious materials. Contact time for bleach is generally considered to be the time it takes the product to air dry. Solutions of bleach should not be stored in glass containers, but in material such as the plastic in which the bleach, the consumer product, is packaged in. Household bleach (5.25% sodium hypochlorite) diluted to the appropriate strength for the clean up job at hand is also an effective disinfectant, although bleach may cause damage to some medical instruments and therefore cannot be used in all cases. In addition, gross contamination must be cleaned up first with a soap and water solution, to ensure the disinfectant is completely effective.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan and **never** by vacuum cleaner.

Laundry

Handle contaminated laundry as little as possible, with minimal agitation

- Place wet contaminated laundry in leak proof containers before transport discarding or after removal.
- Wear the following PPE when handling and /or sorting contaminated laundry:

1. gloves

HEPATITIS B VACCINATION

The ED will oversee the training to employees and volunteers on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan.

Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the HR records at TCCSC.

The cost of vaccination will be provided by TCCSC and administered by a previously designated clinic or employees' personnel physician.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the ED at (310) 413-7552.

An Immediately available confidential medical evaluation and follow-up will be conducted by the employee's personal physician. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and /or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP
The ED ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of blood borne pathogens requirements.

The ED ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The ED provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT
The CQI committee will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident

- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, ED will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING
All employees who have occupational exposure to blood borne pathogens receive annual training conducted by the HRD.

All employees who have occupational exposure to blood borne pathogens receive training on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits for being vaccinated, and that the vaccine will be offered free of charge
- Information on the appropriate actions to take an persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and /or color coding used at TCCSC
- An opportunity for interactive questions and answers with the person conducting the training session

Training Records
Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the personnel file. The training records include:

- The dates of the training sessions

- The contents or summary of the training sessions
- The names and qualifications of persons conduction the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such request should be addressed to the HRD.

Personnel Records
Personnel records are maintained for each employee with occupational exposure. The HRD is responsible for the maintenance of the required medical records. These **confidential** records are kept for at least the **duration of employment plus 3 years.**

Employee personnel records are provide upon request of the employee or to anyone having written consent of the employee within 15 working days. Such request should be sent to the HRD.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.09**
SUBJECT: Contagious and Infectious Diseases	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

POLICY:
To ensure that Tessie Cleveland Community Services Corporation (TCCSC) undertakes efforts to prevent and control contagious and infectious diseases.

PURPOSE:
TCCSC follows procedures for minimizing the risk of exposure to airborne and blood borne pathogens.

PROCEDURE:
1. TCCSC develops procedures to prevent and control HIV/AIDS, hepatitis, tuberculosis, and other contagious or infectious diseases; and annually reviews these procedures and updates them as necessary.
2. TCCSC seeks current medical advice governing contagious or infectious disease and problems associated with immunodeficiency;
3. TCCSC retains medical records related to exposure to contagious and infectious diseases;
4. TCCSC contains and decontaminates items that have been in contact with blood and other bodily fluids.
5. TCCSC utilizes protocols for early and rapid identification of exposed personnel and persons served and immediate transfer of suspected cases to a health facility for assessment, when necessary.
6. TCCSC follows procedures that ensure that all personnel who have direct contact with the populations served at high risk for tuberculosis:
    a. Complete a medical history relating to exposure to tuberculosis;
    b. Receive tuberculin skin tests prior to initial assignment and at least annually thereafter, as well as after incidents of exposure or manifestation of symptoms of TB; and
    c. Demonstrate completion of an approved treatment when results are positive.
7. TCCSC ensures clean and safe food preparation and prevent the exchange of communicable diseases, and such procedures:
    a. Specifically require that food service personnel do not prepare and/or serve food if they have symptoms of acute illness or an open, untreated wound; and
    b. Set forth minimum dishwashing and laundry water temperatures to kill bacteria.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.10**
SUBJECT: Health, Safety and Rights	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	

Purpose: To ensure that TCCSC is in compliance with the 1995 California State Health and Welfare Institutions Code, Title 9; and all Federal CAL-OSHA Mandates requirement for Rights, Health, and Safety.

Policy:

TCCSC provides a safe and secure environment for consumers and staff at mental health facilities.

Procedures:

1. Proactive, ongoing efforts for training, planning and practice drills are held on a regular basis to respond to a variety of emergency needs. Following all emergency drills, procedures and responses are reviewed and analyzed for further improvement.
2. An all-encompassing form regarding building safety, hazardous waste, hazardous materials, and infectious disease control must be completed every six months. These reports are reviewed by the TCCSC's Environment of Care and Risk Committee and the CQI Committee and action steps, if necessary, are planned and taken. This report is then kept on file at the Administrative Offices of TCCSC.
3. All employees are trained to contact their supervisor immediately of any situation beyond their ability or authority to correct.
4. All employees are trained to report any hazard, unsafe or unhealthful conditions and when appropriate, control them by emailing the Risk Manager at riskmanager@tccsc.org.
5. All employees are expected to review all applicable safety rules frequently and observe them at all times.
6. The Executive Director or his/her designee will maintain an Injury and Illness Prevention Program.
7. The CEO or COO or a designee will order cessation of work when any activity or workplace presents an imminent danger to employee's health or safety.
8. The Risk Manager maintains a reporting system for work-related accidents, injuries or illnesses.
9. The Risk Manager investigates accidents or injuries as appropriate.
10. The Risk Manager conducts annual building safety inspections and periodic inspection as required.
11. The Risk Manager maintains records of workplace injuries, illnesses, accidents, safety inspections and hazard abatement measures.
12. The Training Coordinator conducts and maintains records on periodic employee safety training.

DIVISION: ADMINISTRATION	**NUMBER: 9.10**
SUBJECT: Health, Safety and Rights	
APPROVED BY: Moses Cheeseman	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	Page **2** of **2**

13. Staff has access to the Injury and Illness Prevention Program manual and adheres to its guidelines as set forth.
14. TCCSC provides clients with methods for filing grievances and information on their rights.
    a. Staff actively investigates reports of possible violation of patients' rights.
    b. Staff also responds to grievances filed regarding services clients receive.
    c. Proactive efforts are made to educate clients about their rights. The list of Patient's Rights is posted at all TCCSC facilities. It includes information on how to process the forms. Patient's Rights Handbooks are also given to the clients during their orientation and are available upon request.
    d. Client grievance forms are also available and posted at all sites, listing the names and telephone numbers to call and where to turn in the forms.
    e. All Patients' Rights and Grievance information is culturally sensitive and linguistically appropriate.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.11**
SUBJECT: Environmental Responsibility and Conservation	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	**Page 1 of 3**

POLICY:

It is the policy of TCCSC to reduce the impact the agency has on the environment by recycling waste materials, utilizing resources in an environmentally responsible manner, reducing energy consumption and investigating opportunities to cutback resource use.

GUIDELINES

A. The philosophy of TCCSC is to ensure that all employees contribute to reducing their consumption of resources as part of their employment in order to save energy, conserve resources and improve the environment for all employees of TCCSC.

B. Training will be provided during orientation and each department will appoint one representative to oversee the implementation of conservation programs and to assist in identifying new opportunities.

PROCEDURES

A. Procurement:

1. Agency purchases will consider the environmental impact of the commodity or service to be acquired.

2. The agency will incorporate energy efficiency into the decision-making process during the design and acquisition of facilities and equipment when cost effective. Sustainable design and construction practices utilizing products with longer documented life spans, less waste, and renewable materials will be employed. Anticipated labor savings over the projected life of the item will be taken into account.

3. Whenever available and cost-justified the following items shall be given preference when purchasing decisions are made: Recycled content paper products, including but not limited to tissues, office paper, toilet paper, Energy Star rated equipment, water saving devices, items with auto-shut off or energy saving options, low energy use lighting, road materials utilizing recycled products, locally sourced materials, and other related items.

4. Bids for products shall consider the end of product life recycling or disposal. Outlets for recycling toner, light bulbs/lamps, ink cartridges, batteries etc. must be identified when bids are drafted.

5. The agency shall ensure purchased cleaning supplies with reduced toxicity and shall utilize low volatile organic compound paints whenever possible.

6. Products and practices generally accepted to be environmentally questionable or irresponsible will be prohibited.

B. Reuse and Recycling

1. All agency offices shall be provided with paper recycling bins. Other opportunities for recycling electronics, and construction and demolition debris will also be taken into consideration.

2. Employees shall utilize both sides of paper, print only necessary documents, utilize paperless technologies, avoiding any unnecessary cover sheets when printing and shall reuse items such as name tag holders and file folders whenever possible. All required document submittals shall be double-sided whenever possible.

3. Cafeterias will pursue waste reduction opportunities.

4. Materials removed during construction or demolition will be recycled when possible.

C. Vehicles/Transportation Usage

1. Employees shall ensure that agency vehicles are maintained including keeping tires properly inflated and participating in regular vehicle maintenance. Drivers shall avoid jack rabbit starts, idling and shall operate at required speeds and consolidate trips.

2. Employees shall utilize public transit options and carpool whenever possible.

DIVISION: ADMINISTRATION	**NUMBER: 9.11**
SUBJECT: Environmental Responsibility and Conservation	
APPROVED BY: Moses Cheatwood	**EFFECTIVE DATE: April 15, 2009**
TO BE PERFORMED BY: ALL STAFF	**REVISION DATE:**
Electronic File Location:	**Page 3 of 3**

D. Energy and Resource Efficiency

1. All employees shall turn off computers, monitors, printers, shredders and any other equipment overnight or when not in use for more than 4 hours whenever possible. Overnight charging should be limited and equipment unplugged when charging is complete. Hibernation options should be utilized when computer is not in use.

2. All employees shall unplug cords for recharging equipment when not in use.

3. Office lighting shall be turned off as of 8 p.m. every night, with exception of offices where staff is still at work. Occupancy sensors will be installed where possible. Energy efficient lighting will be installed in parking areas and will remain lit whenever staff is present in buildings.

4. The air ventilation system shall be balanced to ensure optimum efficiency. When possible, office layouts should be designed to limit energy consumption.

5. Security staff will check for and will promptly report such to Facilities Management staff i.e. leaking fixtures, opportunity for reuse, unnecessary lighting etc.

E. Landscaping

1. Native landscaping shall be included in all newly landscaped areas and existing areas when practicable. Deference to public safety is to be taken into account.

2. Reduce or eliminate the use of petroleum based lawn products.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMININISTRATION	**NUMBER: 9.12**
SUBJECT: UTILITIES MANAGEMENT	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **9**

PURPOSE:

To provide a utilities management program designed to assure operational reliability, assess special risks, and respond to failures of utility systems that support the environment of care.

POLICY:

To maintain a safe, controlled and comfortable environment of care for clients, employees, visitors and volunteers.

PROGRAM DESIGN:

1. This program is designed to assure the operational reliability of items and utility systems that support or protect the environment of care.
2. Criteria used to select items or systems placed in utilities management system are listed in "Utility Inventory Criteria".
    a. The purpose is to define the criteria used to determine whether utility equipment is included in the utilities management program.
    b. Utility equipment is included in the utility inventory if it meets any single criteria listed below:
        i. The equipment provides environmental control.
        ii. The equipment is necessary to permit effective client and/or staff communications.
        iii. The equipment requires ongoing, periodic preventive maintenance to permit continued operation.
        iv. Failure of the equipment would result in a likely adverse effect to clients, staff or visitors, or property damage.

PROCEDURE:

1. ELECTRICAL POWER FAILURE
    a. An electrical power failure is an extremely serious situation because it affects the clients, the staff, communications, and the calibration of the equipment. The severity of the situation depends on the climatic conditions involved, the time of day or night, and the extent of the power outage, i.e., how long it will take to get the equipment back on the line. Based on these considerations, the Executive Director or designee will have to evaluate the situation and determine what temporary actions have to be taken until the electrical power is restored.

b. Some of the major problem areas to be considered in the event of an electrical power failure are described below:

1. Single-Building Electrical Power Failure Should the power failure be confined to one building, the following procedures will be implemented.
   i. The Executive Director or his/her designee will dispatch key personnel to the particular building to determine the cause of the power failure and perform corrective measures as required to restore service.
   ii. During off-hours, holidays, weekends, etc., the Executive Director will evaluate the problem and call in other key maintenance personnel when necessary.

2.Multi-Building Electrical Power Failure
   i. The Executive Director or his/her designee will immediately, upon determining that a power failure exists beyond the scope of one building, contact the power company (Southern California Edison - 800-611-1911.) and ascertain any and all information concerning the power failure prevailing at that time.

3.Additional Problem Areas Resulting from Power Failure
   i. One of the most critical factors to be considered is the climatic impact on the client and staff if in one of the buildings. Mid-Summer and Mid-Winter power failures would cause the greatest impact on clients and staff. The comfort of the clients could be critical depending on the temperature and the time of day or night. During the winter months if necessary additional clothing and blankets would have to be provided. During the summer months the clients and staff would be affected by the heat with no air conditioning, and ventilation would be a factor.
      1. Buildings may have to be evacuated depending on the temperature and time of day and estimated repair time involved.
      2. Depending on the extent of the power outage and the resultant problems, the Executive Director or his

designee may consider evacuating the clients to one of our other facilities or to a temporary facility.

4.Notification of Key Staff

i. The Executive Director shall notify all staff of the electrical failure via text message and/or email of the electrical failure and the extent of the problem.

ii. The initial notification of a power failure would include all known pertinent facts, such as:

1. The area covered by the power failure (all buildings, only one building, or a section of a building).
2. Any information obtained from Southern California Edison personnel as to length of time estimated for restoration of power.
3. Outside temperature at present time and estimated cool-down time of building in winter, and heat-up time in summer.

5.Emergency Backup

i. During interruption of normal electrical power, the facility has battery operation for the following:

1. Fire Alarm System
2. Exit Lights

2. UTILITY SYSTEMS MAINTENANCE

a. Air Handlers

1.Rationale: to provide a clean, air-conditioned climate for comfort and well-being.

i. General Guidelines

1. Perform preventive maintenance as required by contractor, Comfort Temp Solutions.
2. All deficiencies found will be corrected and documented.
3. Test and repair as needed.
4. In case of an Air Handler failure, the user will be given an approximate time and date it will be restored to normal operating condition.

b. Automatic Fire Extinguishing System

1. Rationale: to provide guidelines for inspection of automatic fire extinguishing system.

i. To provide reliable adequate fire protection by means of a water type sprinkler system, available only at 8019 Compton Avenue – Los Angeles, CA 90001 and portable fire extinguishers at all locations.

ii. General Guidelines

1. Testing procedures for Fire Suppression System on Exhaust Hood in Kitchen area.
    i. Testing is performed by Contract with Private Company.
    ii. Servicing is performed semi-annually.
2. Sprinkler System:
    i. Sprinkler System Tests are performed by Contract with a Private Company.
3. These items on Stand Pipes (only at 8019 Compton Avenue – Los Angeles, CA 90001) are visually checked monthly: Valves in proper position Sprinkler Head Wrench is in place Water pressure on System
4. Perform preventive maintenance on a monthly basis and inspect the following:
    i. Proper positioning of valves (lubricate valve system)
    ii. Seals in place
    iii. Water pressure on gauge
    iv. Water leakage
5. All system deficiencies, activations or malfunctions are documented on inspection form.
6. The user of the sprinkler system will be notified of any malfunction or repair of the system and will be notified when the system is restored to normal operating conditions.

C. Electrical Distribution System

1. Rationale: to provide a safe reliable Electrical Supply System for the use in client and staff areas.
    i. General Guidelines
        a. Perform preventive maintenance as required on an annual basis.
        b. Document and repair all deficiencies noted.
        c. All electrical safety precautions will be followed when working in any electrical panel.
        d. In case of an Electrical Distribution failure, the user will be notified and given an approximate time and date the system will be restored to normal operating conditions.

D. Communication System
1. Rationale: to provide a reliable, adequate communication system.
    i. General Guidelines
        a. Telephone Service is maintained by AT&T.
            i. In case of a system malfunction, users will be notified by the ED as soon as possible.
        b. Cell phone numbers are listed in the TCCSC Telephone Directory and are the primary form of communication with TCCSC staff (in lieu of pagers/beepers)
        c. The email system is also used for communication with staff.
        d. Office wide paging system is only used to communicate emergency codes and evacuation notices. It is used only by the ED or his/her designee.

E. Fire Detection and Alarm System
1. Rationale: to provide a systematic method for testing and repairing the Fire Detection and Alarm System.
    i. General Guidelines
        a. Perform preventive maintenance as prescribed by the Utility Management Scheduling Calendar. Tests will consist of:

i. Activation of each Fire Alarm System monthly by testing zones in a rotating cycle to insure all zones are activated annually.
ii. Alternative activation of devices (Pull stations and Smoke Detectors.) per zone in a rotating cycle.
iii. Verify cut-off of Air Handlers and deactivation of Smoke Damper where applicable.
iv. Zones monitoring Sprinkler System status and Exhaust Hood Suppression Systems will be tested quarterly
v. Visual inspection of Fire Alarm Control System for lights out, battery terminals clean and tight, and for any visible defects.
vi. Record all tests, malfunctions and corrective actions on Maintenance Inspection Forms.
vii. All smoke detectors will be tested monthly in accordance with the Utilities Management Calendar and properly documented.

b. Annual Maintenance shall be performed to Fire Alarm Panels and equipment: (Replace any used heat detectors, fuses, and resistors used during an emergency.) Check and record battery install date.
c. Maintain drawings and index of buildings indicating areas of protection by zone in equipment rooms at the Fire Panel location.
d. All repairs of the Fire Alarm Panel and its zones or circuits will be completed by private contractor.
e. The Executive Director will be notified immediately when the Fire Alarm Panel or a Zone is not in operation. Upon completion of repairs of the panel or zones, the Executive Director will be notified of the Fire Alarm System being back in operation.

E. Hot Water Heaters
   1. Rationale: to provide guidelines for maintaining Hot Water Heaters.
      i. General Guidelines
         a. Perform preventive maintenance as required on Monthly and Annual schedule.
         b. All deficiencies found will be corrected and documented on the Maintenance Inspection form.
         c. Inspection and repair of the Hot Water Heater will be performed by the Maintenance Department assuring a minimum of 110 degrees Fahrenheit water temperature is maintained.
         d. In case of a Hot Water Heater failure, the user will be given an approximate time and date that the Hot Water Heater will be restored to normal operation.

F. Tempered Water
   1. Rationale: to provide a systematic method for testing, adjusting, and repairing the hot water system to maintain a standard hot water temperature.
      i. General Guidelines
         a. All tempered water used in TCCSC bathrooms areas shall not exceed 110 degrees Fahrenheit.
         b. Tempered water will be tested for temperature monthly by the Maintenance Department.
         c. All testing, adjustments, repairs, material, and all information dealing with the tempered water system will be documented.
         d. All water tempering equipment will be inaccessible to unauthorized personnel.
         e. The user of the tempered water system will be notified of any malfunction or repair of the tempered water system and will be notified when the system is restored to normal operation.

3. EQUIPMENT MAINTENANCE, MONITORING AND EVALUATION

a. Equipment included in this program will be maintained through a Preventive Maintenance System.
    1. Results of this P.M. System, unscheduled repair, and equipment failure will be the primary sources for monitoring of equipment.
b. Establishment of indicators, monitoring criteria, and thresholds for evaluation:
    1.An indicator identifies an aspect of performance as a measurable standard of quality to be monitored in order to determine whether the aspect of performance conforms to current standards of quality and appropriateness. Indicators will be evaluated to identify their impact upon client care and to determine whether a problem exists.
c. Monitoring criteria are specific standards that are used to measure indicators.
    1.Criteria will be objective and will be compatible with Life Safety Standards where applicable to TCCSC.
    2. A threshold is a pre-established level of performance related to an indicator at which further evaluation for the quality and appropriateness of an important aspect of performance is initiated. Data pertaining to the indicators are collected and the aggregate level of performance is compared with the threshold for evaluation.

4. DATA COLLECTION AND ORGANIZATION
    a. The responsibility for data collection will be the Risk Manager's and may be delegated to appropriate maintenance personnel.
    b. Sources of Useful Data May Include:
        1.Preventive Maintenance Records'
        2.Regular Maintenance Work Request
        3.Incident Reports
        4.Environment of Care and Risk Committee Meetings Minutes
        5.Observation/Interview Appropriate Personnel
    c. The collected data will be reviewed by the Executive Director and will include the important aspect of performance, indicator, data source, number of records reviewed, total number of criteria, total number of criteria not met and criteria compliance.
    d. When the results of the data evaluation point to an area of concern or specific problem, a plan is formulated to resolve the problem. Significant events are reported to the ECRC at their regular scheduled meeting.
5. TRAINING

a. Training for utility systems management will be provided by supervisor as needed.
b. Documentation for training will be maintained in the personnel files by the Human Resources Department

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATION	**NUMBER: 9.13**
SUBJECT: FIRE SAFETY AND PREVENTION	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	

PURPOSE:

The purpose of this Fire Safety and Prevention Plan is to provide clients, staff and visitors with details on what to do in case of fire at TCCSC and to help eliminate the causes of fire, prevent loss of life and property by fire, and to comply with the Occupational Safety and Health Administration's (OSHA) standard on fire prevention, 29 CFR 1910.39. It provides employees with information and guidelines that will assist them in recognizing, reporting, and controlling fire hazards.

POLICY:

To provide a fire-safe environment of care and an appropriate fire prevention plan for all of TCCSC's employees, clients, and visitors.

PROCEDURES:

1. TCCSC is committed to minimizing the threat of fire to employees, visitors, and property.
2. TCCSC complies with all applicable laws, regulations, codes, and good practices pertaining to fire prevention.
3. TCCSC's separate Emergency Response Plan spells out the procedures for responding to fires.
4. These procedures serves to reduce the risk of fires at all TCCSC locations in the following ways:
    a. Identifies materials that are potential fire hazards and their proper handling and storage procedures;
    b. Distinguishes potential ignition sources and the proper control procedures of those materials;
    c. Describes fire protection equipment and/or systems used to control fire hazards;
    d. Identifies persons responsible for maintaining the equipment and systems installed to prevent or control ignition of fires;
    e. Identifies persons responsible for the control and accumulation of flammable or combustible material;
    f. Describes good housekeeping procedures necessary to insure the control of accumulated flammable and combustible waste material and residues to avoid a fire emergency; and

g. Provides training to employees with regard to fire hazards to which they may be exposed.

5. Fire safety is everyone's responsibility. All employees should know how to prevent and respond to fires, and are responsible for adhering to company policy regarding fire emergencies.

MANAGEMENT

1. Management determines TCCSC's fire prevention and protection policies.
2. Management will provide adequate controls to provide a safe workplace, and will provide adequate resources and training to its employees to encourage fire prevention and the safest possible response in the event of a fire emergency.
3. The Risk Manager shall manage these procedures for TCCSC, and shall maintain all records pertaining to the plan. The Risk Manager shall also:
    a. Develop and administer the TCCSC fire prevention training program.
    b. Ensure that fire control equipment and systems are properly maintained.
    c. Control fuel source hazards.
    d. Conduct Hazard Vulnerability Analysis and make recommendations.

EMPLOYEES

1. Complete all required training before beginning to work.
2. Conduct operations safely to limit the risk of fire.
3. Report potential fire hazards to their supervisors.
4. Follow fire emergency procedures.

HOUSEKEEPING

To limit the risk of fires, employees shall take the following precautions:

1. Minimize the storage of combustible materials.
2. Make sure that doors, hallways, stairs, and other exit routes are kept free of obstructions.
3. Dispose of combustible waste in covered, airtight, metal containers.
4. Use only nonflammable cleaning products.
5. Keep incompatible (i.e., chemically reactive) substances away from each other.
6. Keep equipment in good working order (i.e., inspect electrical wiring and appliances regularly and keep motors and machine tools free of dust and grease.

7. Report all gas leaks immediately. The Executive Director and/or his designee shall ensure that all gas leaks are repaired immediately upon notification.
8. Repair and clean up flammable liquid leaks immediately.
9. Keep work areas free of dust, lint, sawdust, scraps, and similar material.
10. Do not rely on extension cords if wiring improvements are needed, and take care not to overload circuits with multiple pieces of equipment.
11. Turn off electrical equipment when not in use.

MAINTENANCE

1. The Executive Director and/or his designee will ensure that equipment is maintained according to manufacturers' specifications.
2. TCCSC will also comply with requirements of the National Fire Protection Association (NFPA) codes for specific equipment.
3. Only properly trained individuals shall perform maintenance work.
4. The following equipment is subject to the maintenance, inspection, and testing procedures:
    a. Portable fire extinguishers, automatic sprinkler systems, and fixed extinguishing systems;
    b. Detection systems for smoke, heat, or flame;
    c. Fire alarm systems; and
    d. Emergency backup systems and the equipment they support.

TYPES OF HAZARDS

1. Electrical Fire Hazards
    a. Electrical system failures and the misuse of electrical equipment are leading causes of workplace fires. Fires can result from loose ground connections, wiring with frayed insulation, or overloaded fuses, circuits, motors, or outlets.
    b. To prevent electrical fires, employees shall:
        i. Make sure that worn wires are replaced.
        ii. Never use extension cords as substitutes for wiring improvements.
        iii. Use only approved extension cords [i.e., those with the Underwriters Laboratory (UL) or Factory Mutual (FM) label].

iv. Check electrical equipment to ensure that it is either properly grounded or double insulated.
v. Ensure adequate spacing while performing maintenance.

2. Office Fire Hazards
    a. Fires in offices have become more likely because of the increased use of electrical equipment, such as computers and fax machines. To prevent office fires, employees shall:
        i. Avoid overloading circuits with office equipment.
        ii. Turn off nonessential electrical equipment at the end of each workday.
        iii. Keep storage areas clear of rubbish.
        iv. Ensure that extension cords are not placed under carpets.
        v. Ensure that trash and paper set aside for recycling is not allowed to accumulate.

3. Flammable and Combustible Materials
    a. The Executive Director and/or his designee shall regularly evaluate the presence of combustible materials at TCCSC.
    b. Certain types of substances can ignite at relatively low temperatures or pose a risk of catastrophic explosion if ignited. Such substances obviously require special care and handling.
        i. Class A combustibles: These include common combustible materials (wood, paper, cloth, rubber, and plastics) that can act as fuel and are found in non-specialized areas such as offices.
            1. To handle Class A combustibles safely:
                a. Dispose of waste daily
                b. Keep work areas clean and free of fuel paths that could allow a fire to spread.
                c. Keep combustibles away from accidental ignition sources or other heat- or spark-producing devices.
                d. Store paper stock in metal cabinets.
                e. Store rags in metal bins with self-closing lids.
                f. Do not order excessive amounts of combustibles.

g. Make frequent inspections to anticipate fires before they start.
h. Water, multi-purpose dry chemical (ABC), and halon 1211 are approved fire extinguishing agents for Class A combustibles.

ii. Class B combustibles: these include flammable and combustible liquids (oils, greases, tars, oil-based paints, and lacquers), flammable gases, and flammable aerosols.
1. To handle Class B combustibles safely:
a. Use only approved pumps, taking suction from the top, to dispense liquids from tanks, drums, barrels, or similar containers (or use approved self-closing valves or faucets).
b. Do not dispense Class B flammable liquids into containers unless the nozzle and container are electrically interconnected by contact or by a bonding wire. Either the tank or container must be grounded.
c. Store, handle, and use Class B combustibles only in approved locations where vapors are prevented from reaching ignition sources such as heating or electric equipment, open flames, or mechanical or electric sparks.
d. Do not use a flammable liquid as a cleaning agent inside a building (the only exception is in a closed machine approved for cleaning with flammable liquids).
e. Do not use, handle, or store Class B combustibles near exits, stairs, or any other areas normally used as exits.
f. Do not weld, cut, grind, or use unsafe electrical appliances or equipment near Class B combustibles.
g. Do not generate heat, allow an open flame, or smoke near Class B combustibles.
h. Know the location of and how to use the nearest portable fire extinguisher rated for Class B fire.

i. Water should not be used to extinguish Class B fires caused by flammable liquids. Water can cause the burning liquid to spread, making the fire worse. To extinguish a fire caused by flammable liquids, exclude the air around the burning liquid. The following fire-extinguishing agents are approved for Class B combustibles: carbon dioxide, multi-purpose dry chemical (ABC), halon 1301, and halon 1211. (NOTE: Halon has been determined to be an ozone-depleting substance and is no longer being manufactured. Existing systems using halon can be kept in place.)

4. Smoking
    a. Smoking is prohibited in all TCCSC buildings and vehicles and no closer than 25 feet from TCCSC's building. All areas designated as no smoking areas are identified by NO SMOKING signs.

5. Safety Procedures
    a. In the event of a fire, the discoverer shall call 911 and alert the building by operating one of the fire pull stations.
    b. All employees will follow evacuation procedures as set forth in the Emergency Preparedness Plan.
    c. Staff will wait in the evacuation area until all procedures for an internal disaster are followed then "Emergency all clear" is called.
    d. Professional Companies are contracted to have the following systems inspected:
        i. Automatic fire smoke detecting system inspected quarterly
        ii. Fire extinguishers inspected annually
        iii. The hood and ducts located in the kitchen areas are cleaned and certified annually.
        iv. The HVAC system is inspected and maintained periodically.

6. TRAINING
    a. The Executive Director and/or his designee shall present basic fire prevention training to all employees upon employment, and shall maintain documentation of the training, which includes:
        i. These policies and procedures; including how they can be accessed;
        ii. good housekeeping practices;
        iii. proper response and notification in the event of a fire;
        iv. instruction on the use of portable fire extinguishers (as determined by company policy in the Emergency Action Plan); and
        v. recognition of potential fire hazards
    b. Employees will receive this training:
        i. At initial orientation
        ii. Annually; and
        iii. When changes in work processes necessitate additional training.

7. PROGRAM REVIEW
    a. The Executive Director and/or his designee shall review these policies and procedures at least annually for necessary changes.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: ADMINISTRATON	**NUMBER: 9.14**
SUBJECT: HAZARDOUS MATERIALS AND WASTE	
APPROVED BY: Moses Chadwick	**EFFECTIVE DATE: June 18, 2011**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	

PURPOSE:

1. To provide an ongoing process for the management of hazardous materials and waste at TCCSC program sites.
2. To provide employees protection from chemical hazard and thereby reduce illness and injury caused by exposure to chemicals.
3. To provide information concerning hazardous chemicals to employees who may be exposed to those chemicals under normal operating conditions or in foreseeable emergencies.

POLICY:

To safely control hazardous materials and waste and maintain the integrity and safety of the environment of care for all of TCCSC's employees, clients, visitors and volunteers.

DEFINITION:

Hazardous materials: anything that can cause harm or serious injury to humans, animals, or the environment. This includes hazardous chemical products, asbestos, infectious materials, pesticides, paints, etc.

Hazardous waste: any waste that can cause harm or serious injury to humans, animals, or the environment. This includes hazardous chemical residue in containers, used motor oil, etc.

Hazardous chemicals: any chemical that is toxic, flammable, explosive, corrosive, reactive, or capable of causing harm or serious injury to humans, or the environment. Hazardous chemicals are identified using the criteria defined by primarily under the authority of the federal Resource Conservation and Recovery Act of 1976, and the California Health and Safety Code.

PROCEDURES:

GENERAL:

1. The Executive Director has final legal and moral authority and responsibility for the assurance of a comprehensive, flexible, integrated hazardous materials and waste management program.
    a. This authority and responsibility has been delegated to the Risk Manager who assures compliance with all Federal, state, local and regulatory agency requirements as applicable.
2. Specific responsibility will be delegated by the Executive Director for the safe management of hazardous materials and waste in their respective work areas.
    a. The Risk Manager has been designated to be the coordinator of this program and to take emergency corrective action as appropriate in the event of a hazardous conditions or situations at TCCSC sites.
3. Incidents, failures, and user errors relating to hazardous materials, hazardous waste, infectious waste, hazardous chemicals, etc. are documented using the TCCSC Incident reporting procedures.
4. It is the responsibility of TCCSC to supply appropriate personal protective equipment to all staff as needed. This equipment is readily available at all times.
5. Hazardous materials, chemicals, and wastes are clearly identified by label, sign, red liners, etc.
6. Hazardous items are kept to a bare minimum. Whenever possible, hazardous chemicals are replaced with safer products.
7. Materials, which ignite easily under, normal conditions (flammables) are considered fire hazards and are stored in a climate controlled, well-ventilated area, away from sources of fire.
8. Highly flammable materials are kept in an area separate from oxidizing agents.
9. Storage areas for flammables are supplied with fire-fighting equipment, either automatic or manual. “NO SMOKING” signs are posted in and around the outside storage area.

10. Materials which are toxic or which can decompose into toxic components are stored in a climate controlled, well-ventilated area. Incompatible toxic materials are isolated from each other.
11. Corrosives are stored in a climate controlled, well-ventilated area isolated from other materials.
12. Protective clothing and equipment are available for use when handling these materials.
13. Regular inspections are made of the storage area to ensure there are no leaks or spills.

HAZARDOUS CHEMICAL SPILLS

1. Before attempting to clean up any hazardous chemical spills, KNOW WHAT CHEMICAL IS SPILLED!
2. If a spill or leak is found, follow the directions according to the product label and Material Safety Data Sheets (MSDS) for cleaning up that kind of spill or leak. Use personal protective equipment appropriately.
3. Evacuate the area (for a large or very dangerous spill), confine the spill and keep people from tracking through it. Ventilate the area if necessary to dissipate fumes.
4. Activate the alarm. Extinguish flames if any are present.
5. Any major spills, splashes, leaks, burns, etc. from a hazardous chemical substance are reported using the Incident Reporting Procedures and call for a “Code Brown”.
6. Notify the Risk Manager and Executive Director immediately.

DISPOSAL

1. The Risk Manager ensures that proper permits are obtained for disposal of all hazardous waste generated at all TCCSC sites.
2. Label instructions are followed for the safe disposal of residual chemical in containers, and for the safe disposal of the container.

HAZARD COMMUNICATION PROGRAM

1. Program Access
    a. All programs, services and sites that use hazardous chemicals and/or materials are included in this program. At a minimum, the following areas are covered:
        i. Administration
        ii. Outpatient Services
        iii. Crisis Stabilization Programs
    b. Copies of this program are maintained in the front desk of all sites and are available to employees. Copies may also be obtained from the Executive Director.

2. Material Safety Data Sheets
    a. Material Safety Data Sheets (MSDS) are maintained for every hazardous chemical known to be present at TCCSC sites. Hazardous chemicals do not include client products, clerical supplies, or personal items. These include, but are not limited to, items purchased from a retail store such as cleaner, room deodorizers, pens, markers, stamp pads, shampoos, and cosmetics. If in doubt, contact the Risk Manager for clarification.
    b. The MSDS is a clearly labeled binder located so it is accessible to all employees on all shifts. The manual contains MSDS for all hazardous chemicals used on site. The manual also includes a copy of the most recent revision of the communication program and an updated copy of the hazardous chemical list for the work site.
    c. The Risk Manager is responsible for maintaining an up to date MSDS for each hazardous chemical in their work area. The Executive Director ensures MSDS's are on hand and reviewed before new or different chemicals are distributed.
    d. Do not use hazardous chemicals without first reviewing the MSDS. If a MSDS is not available or a new chemical does not have a MSDS, contact the supervisor.
    e. Copies of any MSDS may be obtained from the Risk Manager.
    f. Inventories are completed at minimum twice annually, in January and July.

g. Inventories are also used to identify chemicals no longer used, outdated or otherwise damaged. These chemicals are disposed of according to label/MSDS instructions.

Labels

1. Hazardous chemical products received at TCCSC will not be accepted for use in the facility unless properly labeled with at least the following information:
    a. Name of material/chemical (as it appears on label and MSDS)
    b. Appropriate hazard warnings (caustic, flammable, carcinogen, etc.)
    c. Name and address of the chemical manufacturer, importer, or other responsible party
2. The Risk Manager assures compliance with this labeling requirement. Products received showing signs of leakage or other damage will not be accepted.
3. Secondary containers (spray bottles, etc.) that remain within the confines of the facility will be labeled with at least the following:
    a. Name of material/chemical (as it appears on label and MSDS)
    b. Appropriate hazard warning(s)
    c. Date of mixture (for diluted concentrates only. Be aware that diluted concentrates are often not considered hazardous when mixed according to label instructions. Check your MSDS and label instructions.)
    d. When in doubt, contact the Risk Manager:
4. Hazardous Non-Routine Tasks:
    a. Periodically, employees may be required to perform hazardous, non-routine tasks.
    b. Prior to starting work on such projects, each employee will be given information by their supervisor about hazardous chemicals to which they may be exposed during such activity. This information includes:
        i. Specific chemical hazards;
        ii. Protective/safety measures the employee can take;
        iii. Measures the company has taken to lessen the hazards, including ventilation, respirators, presence of another employee, and any other emergency procedures.
    c. Informing Contractors

i. It is the responsibility of the contact person (employee of TCCSC) to ensure contractors and their employees are advised of the following:
    1. Hazardous chemicals that belong to TCCSC to which they may be exposed while on the work site.
    2. Availability and location of MSDSs for all hazardous chemicals that belong to TCCSC to which they may be exposed while on the work site.
    3. Precautions that may be taken to lessen the possibility of exposure by usage of protective measures.
    4. The contact person is responsible for informing each contractor before work is started to gather and disseminate any information concerning chemical hazards that the contractor may be bringing into the facilities.
    5. TCCSC safety rules and regulations.

CONTROL

1. The Safety and Health Workplace Checklist is used to monitor compliance with the plan. The ECRC monitors compliance with the plan. Discrepancy notices are distributed when problems are identified.
2. Corrective action and/or feedback is documented and reported back to the Leadership as needed. The Inspection results are evaluated at least annually, and the questions revised appropriately.
3. The designated manager/supervisor for each program ensures items with potential hazards are identified and checked for leaks, spills and other damage.
4. All products are stored according to label/MSDS instructions.
5. Requests to purchase new or different chemicals must go through the ECRC. This will ensure proper review by appropriate committee(s), service(s), and others. This also avoids duplication of efforts (i.e., the requested items may already be available under another name).

TRAINING

1. The Risk Manager is responsible for new employee orientation to Hazardous Material and Waste. Orientation also covers safety practices and procedures. Orientation and training continues in the specific work area, as appropriate to the job duties.
2. Prior to a new hazardous chemical being introduced into the work place, employees subject to exposure or potential exposure will review the MSDS and receive hazard identification training. Employees who transfer from one area to another will also receive additional training as appropriate for their job duties. The manager/supervisor in each work area has the responsibility to ensure that employees receive this training in the work area as required.

TESSIE CLEVELAND COMMUNITY SERVICE CORPORATION
POLICY AND PROCEDURE

DIVISION: Administration	**NUMBER: 9.15**
SUBJECT: Work Orders	
APPROVED BY: Moses Cholewinski	**EFFECTIVE DATE: April 25, 2017**
TO BE PERFORMED BY: All Staff	**REVISION DATE:**
Electronic File Location:	Page **1** of **1**

Purpose: To ensure systems and equipment remains in good working order and establish a standard operating practice to receive, assign, and track request for maintenance or repairs.

Policy: Staff identifying systems in need of repair or equipment malfunction shall immediately notify the Maintenance Supervisor or Executive Director.

Procedures:

1. As maintenance and repair work is needed for existing systems and equipment, personnel notify the Maintenance Supervisor via email, phone call or in person.
2. Maintenance Supervisor will complete a Work Order form for each request and discuss it with the Executive Director:
    a. If it is an emergency or an immediate hazard to health and safety the request is sent to the Risk Manager for immediate resolution.
        i. Staff should contact one the following individuals immediately:
            1. Maintenance Supervisor (323) 395-9350
            2. Risk Manager (323)309-8794
            3. Executive Director (310) 413-8327
    b. If it is not an emergency or does not pose an immediate hazard to health and safety the Executive Director and Maintenance Supervisor review the work order:
        i. If approved, maintenance personnel are assigned and work is scheduled.
        ii. If the work order is not approved, its status is changed to pending and person requesting work is informed of status.
3. Maintenance personnel completes the information on the work order, indicating what was done, and returns the completed work order to the Maintenance Supervisor.
4. Maintenance Supervisor reviews and files the completed work order in the shared directory.

FUNCTIONAL DOCUMENTATION

CODE OF ETHICS

By signing a copy of this code of ethics, I as an employee of TCCSC affirm that:

- I will not discriminate against any person or category of persons.
- I will not use my professional relationship to further my own interests.
- I will not solicit or accept gifts or gratuities for my personal benefit in excess of minimal value.
- I will evidence a genuine interest in all persons served, and do hereby dedicate myself to their best interests and helping them help themselves.
- I will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service.
- I will maintain confidentiality of client records.
- I will maintain a professional attitude, which upholds confidentiality toward individuals served, colleagues, applicants and the nonprofit.
- I, upon termination, will maintain agency matters, client and co-worker confidentiality, and I will hold as confidential any information I obtained in the course of my employment.
- I will respect the rights and views of my colleagues, and treat them with fairness, courtesy and good faith.
- I will not exploit the trust of the public or my co-workers. I will make every effort to avoid relationships that could impair my professional judgment.
- I will not engage in or condone any form of harassment or discrimination.
- I will not permit fellow staffers to present themselves as competent or perform services beyond their training and/or level of experience.
- I will respect the confidences of my co-workers.
- When I replace a colleague or am replaced, I will act with consideration for the interest, character and reputation of the other professional.
- I will extend respect and cooperation to colleagues of all professions.
- I will not assume professional responsibility for the clients of a colleague without appropriate consultation with that colleague.
- If I see the client of a colleague during a temporary absence or emergency, I will serve that client with the same consideration afforded any client.
- If I have the responsibility for employing and evaluating staff performance, I will do so in a responsible, fair, considerate and equitable manner.
- If I know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to my supervisor.
- I will accurately represent my education, training, experience and competencies as they relate to my profession.
- I will correct, when possible, misleading or inaccurate information and representations made by others concerning my qualifications or services.

- If serving as a supervisor, I will make certain that the qualifications of persons I supervise are honestly represented.
- I will abide by nonprofit policies related to public statements.
- I have total commitment to provide the highest quality of service to those who seek my professional assistance.
- I will continually assess my personal strengths, limitations, biases and effectiveness.
- I will strive to become and remain proficient in professional practice and the performance of professional functions.
- I will act in accordance with standards of professional integrity.
- I will not advise on problems outside the bounds of my competence.
- I will seek assistance for any problem that impairs my performance.
- I understand that violation of this code may be grounds for dismissal.

Employee Signature Date

TESSIE CLEVELAND COMMUNITY SERVICES CORPORATION

CODE OF ETHICS

Preamble

The primary mission of TCCSC is to enhance human wellbeing and help meet the basic human needs of the population we serve, with particular attention to the needs and empowerment of those who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual wellbeing in a social context and the wellbeing of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- service
- social justice
- dignity and worth of the person
- importance of human relationships
- integrity
- competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

Purpose of the TCCSC Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. TCCSC has adopted the National Association of Socials Workers Code of Ethics most of which is contained herein. This document sets forth these values, principles, and standards to guide social workers' conduct. The *Code* is relevant to all social workers, social work students, and, in most cases, case managers, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *Code of Ethics* serves six purposes:

1. It identifies core values on which social work's mission is based.
2. It summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. It is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. It provides ethical standards to which the general public can hold the social work profession accountable.
5. It socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. It articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct.

The *Code* offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that prescribe how social workers should act in all situations. Specific applications of the *Code* must take into account the context in which it is being considered and the possibility of conflicts among the *Code's* values, principles, and standards. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional.

Further, the *Code of Ethics* does not specify which values, principles, and standards are most important and ought to outweigh others in instances when they conflict. Reasonable differences of opinion can and do exist among social workers with respect to the ways in which values, ethical principles, and ethical standards should be rank ordered when they conflict. Ethical decision making in a given situation must apply the informed judgment of the individual social worker and should also consider how the issues would be judged in a peer review process where the ethical standards of the profession would be applied.

Ethical decision making is a process. There are many instances in social work where simple answers are not available to resolve complex ethical issues. Social workers should take into consideration all the values, principles, and standards in this *Code* that are relevant to any situation in which ethical judgment is warranted. Social workers' decisions and actions should be consistent with the spirit as well as the letter of this *Code*.

In addition to this *Code*, there are many other sources of information about ethical thinking that may be useful. Social workers should consider ethical theory and principles generally, social work theory and research, laws, regulations, agency policies, and other relevant codes of ethics, recognizing that among codes of ethics social workers should consider the *Code of Ethics* as their primary source. Social workers also should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.

Instances may arise when social workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, social workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this Code. If a reasonable resolution of the conflict does not appear possible, social workers should seek proper consultation before making a decision.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice. The *Code of Ethics* reflects the commitment of all social workers to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments.

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*
Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.*
Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*
Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.*
Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*
Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*
Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspiration based. The extent to which each standard is enforceable is a matter of judgment of TCCSC' Board of Directors, Executive Director and/or Clinical Director.

1. ETHICAL RESPONSIBILITIES TO CLIENTS

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the wellbeing of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions. Social workers will cooperate with county established grievance and appeals process and ensure clients are aware of their rights to file grievance.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audio-taping or videotaping clients or permitting observation of services to clients by a third party.

1.04 Competence

(a) Social workers should provide services and represent themselves as competent only within the boundaries of their education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(b) Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

(c) When generally recognized standards do not exist with respect to an emerging area of practice, social workers should exercise careful judgment and take responsible steps (including appropriate education, research, training, consultation, and supervision) to ensure the competence of their work and to protect clients from harm.

1.05 Cultural Competence and Social Diversity

(a) Social workers should understand culture and its function in human behavior and society, recognizing the strengths that exist in all cultures.

(b) Social workers should have a knowledge base of their clients' cultures and be able to demonstrate competence in the provision of services that are sensitive to clients' cultures and to differences among people and cultural groups.

(c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there are risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with client's circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.09 Sexual Relationships

(a) Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

(b) Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(d) Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual

and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

1.10 Physical Contact

Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

1.11 Sexual Harassment

Social workers should not sexually harass clients. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1.12 Derogatory Language

Social workers should not use derogatory language in their written or verbal communications to or about clients. Social workers should use accurate and respectful language in all communications to and about clients.

1.13 Payment for Services

(a) Social workers should avoid accepting goods or services from clients as payment for professional services. Bartering arrangements, particularly involving services, create the potential for conflicts of interest, exploitation, and inappropriate boundaries in social workers' relationships with clients. Social workers should explore and may participate in bartering only in very limited circumstances when it can be demonstrated that such arrangements are an accepted practice among professionals in the local community, considered to be essential for the provision of services, negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. Social workers who accept goods or services from clients as payment for professional services assume the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship.

(c) Social workers should not solicit a private fee or other remuneration for providing services to clients who are entitled to such available services through the agency.

1.14 Clients Who Lack Decision Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients and professional relationships with them when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of appropriate options for the continuation of services and of the benefits and risks of the options.

2. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO COLLEAGUES

2.01 Respect

(a) Social workers should treat colleagues with respect and should represent accurately and fairly the qualifications, views, and obligations of colleagues.

(b) Social workers should avoid unwarranted negative criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence or to individuals' attributes such as race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.

(c) Social workers should cooperate with social work colleagues and with colleagues of other professions when such cooperation serves the wellbeing of clients.

2.02 Confidentiality

Social workers should respect confidential information shared by colleagues in the course of their professional relationships and transactions. Social workers should ensure that such colleagues understand social workers' obligation to respect confidentiality and any exceptions related to it.

2.03 Interdisciplinary Collaboration

(a) Social workers who are members of an interdisciplinary team should participate in and contribute to decisions that affect the wellbeing of clients by drawing on the perspectives, values, and experiences of the social work profession. Professional and ethical obligations of the interdisciplinary team as a whole and of its individual members should be clearly established.

(b) Social workers for whom a team decision raises ethical concerns should attempt to resolve the disagreement through appropriate channels. If the disagreement cannot be resolved, social workers should pursue other avenues to address their concerns consistent with client wellbeing.

2.04 Disputes Involving Colleagues

(a) Social workers should not take advantage of a dispute between a colleague and an employer to obtain a position or otherwise advance the social workers' own interests.

(b) Social workers should not exploit clients in disputes with colleagues or engage clients in any inappropriate discussion of conflicts between social workers and their colleagues.

2.05 Consultation

(a) Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

(b) Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation.

(c) When consulting with colleagues about clients, social workers should disclose the least amount of information necessary to achieve the purposes of the consultation.

2.06 Referral for Services

(a) Social workers should refer clients to other professionals when the other professionals' specialized knowledge or expertise is needed to serve clients fully or when social workers believe that they are not being effective or making reasonable progress with clients and that additional service is required.

(b) Social workers who refer clients to other professionals should take appropriate steps to facilitate an orderly transfer of responsibility. Social workers who refer clients to other professionals should disclose, with clients' consent, all pertinent information to the new service providers.

(c) Social workers are prohibited from giving or receiving payment for a referral when no professional service is provided by the referring social worker.

2.07 Sexual Relationships

(a) Social workers who function as supervisors or educators should not engage in sexual activities or contact with supervisees, students, trainees, or other colleagues over whom they exercise professional authority.

(b) Social workers should avoid engaging in sexual relationships with colleagues when there is potential for a conflict of interest. Social workers who become involved in, or anticipate becoming involved in, a sexual relationship with a colleague have a duty to transfer professional responsibilities, when necessary, to avoid a conflict of interest.

2.08 Sexual Harassment

Social workers should not sexually harass supervisees, students, trainees, or colleagues. Sexual harassment includes sexual advances, sexual solicitation, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, , licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should discuss the concerns with your immediate supervisor or the Executive Director .

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by licensing and regulatory bodies, TCCSC, County of Los Angeles, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should inform your immediate supervisor.

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

3. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES IN PRACTICE SETTINGS

3.01 Supervision and Consultation

(a) Social workers who provide supervision or consultation should have the necessary knowledge and skill to supervise or consult appropriately and should do so only within their areas of knowledge and competence.

(b) Social workers who provide supervision or consultation are responsible for setting clear, appropriate, and culturally sensitive boundaries.

(c) Social workers should not engage in any dual or multiple relationships with supervisees in which there is a risk of exploitation of or potential harm to the supervisee.

(d) Social workers who provide supervision should evaluate supervisees' performance in a manner that is fair and respectful.

3.02 Education and Training

(a) Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

(b) Social workers who function as educators or field instructors for students should evaluate students' performance in a manner that is fair and respectful.

(c) Social workers who function as educators or field instructors for students should take reasonable steps to ensure that clients are routinely informed when services are being provided by students.

(d) Social workers who function as educators or field instructors for students should not engage in any dual or multiple relationships with students in which there is a risk of exploitation or potential harm to the student. Social work educators and field instructors are responsible for setting clear, appropriate, and culturally sensitive boundaries.

3.03 Performance Evaluation

Social workers who have responsibility for evaluating the performance of others should fulfill such responsibility in a fair and considerate manner and on the basis of clearly stated criteria.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

3.04 Client Records

(a) Social workers should take reasonable steps to ensure that documentation in records is accurate and reflects the services provided.

(b) Social workers should include sufficient and timely documentation in records to facilitate the delivery of services and to ensure continuity of services provided to clients in the future.

(c) Social workers' documentation should protect clients' privacy to the extent that is possible and appropriate and should include only information that is directly relevant to the delivery of services.

(d) Social workers should store records following the termination of services to ensure reasonable future access. Records should be maintained for the number of years required by state statutes or relevant contracts.

3.05 Billing

Social workers should adhere to TCCSC billing policies and practices and accurately reflect the nature and extent of services provide.

3.06 Client Transfer

(a) When an individual who is receiving services from another agency or colleague contacts a social worker for services, the social worker should carefully consider the client's needs before agreeing to provide services. To minimize possible confusion and conflict, social workers should discuss with potential clients the nature of the clients' current relationship with other service providers and the implications, including possible benefits or risks, of entering into a relationship with a new service provider.

(b) If a new client has been served by another agency or colleague, social workers should discuss with the client whether consultation with the previous service provider is in the client's best interest.

3.07 Administration

(a) Social work administrators should advocate within and outside their agencies for adequate resources to meet clients' needs.

(b) Social workers should advocate for resource allocation procedures that are open and fair. When not all clients' needs can be met, an allocation procedure should be developed that is nondiscriminatory and based on appropriate and consistently applied principles.

(c) Social workers who are administrators should take reasonable steps to ensure that adequate agency or organizational resources are available to provide appropriate staff supervision.

(d) Social work administrators should take reasonable steps to ensure that the working environment for which they are responsible is consistent with and encourages compliance with the *Code of Ethics*. Social work administrators should take reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the *Code*.

3.08 Continuing Education and Staff Development

Social work administrators and supervisors should take reasonable steps to provide or arrange for continuing education and staff development for all staff for which they are responsible. Continuing education and staff development should address current knowledge and emerging developments related to social work practice and ethics.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

3.09 Commitments to Employers

(a) Social workers should adhere to commitments made by TCCSC.

(b) Social workers should work to improve TCCSC' policies and procedures and the efficiency and effectiveness of its services.

(c) Social workers should act to prevent and eliminate discrimination in the employing organization's work assignments and in its employment policies and practices.

(f) Social workers should be diligent stewards of TCCSC' resources, wisely conserving funds where appropriate and never misappropriating funds or using them for unintended purposes.

4. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES AS PROFESSIONALS

4.01 Competence

(a) Social workers should accept responsibility or employment only on the basis of existing competence or the intention to acquire the necessary competence.

(b) Social workers should strive to become and remain proficient in professional practice and the performance of professional functions. Social workers should critically examine and keep current with emerging knowledge relevant to social work. Social workers should routinely review the professional literature and participate in continuing education relevant to social work practice and social work ethics.

(c) Social workers should base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics.

4.02 Discrimination

Social workers should not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

4.03 Private Conduct

Social workers should not permit their private conduct to interfere with their ability to fulfill their professional responsibilities.

4.04 Dishonesty, Fraud, and Deception

Social workers should not participate in, condone, or be associated with dishonesty, fraud, or deception.

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

4.06 Misrepresentation

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

(a) Social workers should make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the social work profession, a professional social work organization, or the social worker's employing agency.

(b) Social workers who speak on behalf of professional social work organizations should accurately represent the official and authorized positions of the organizations.

(c) Social workers should ensure that their representations to clients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, or results to be achieved are accurate. Social workers should claim only those relevant professional credentials they actually possess and take steps to correct any inaccuracies or misrepresentations of their credentials by others.

4.07 Solicitations

(a) Social workers should not engage in uninvited solicitation of potential clients who, because of their circumstances, are vulnerable to undue influence, manipulation, or coercion.

(b) Social workers should not engage in solicitation of testimonial endorsements (including solicitation of consent to use a client's prior statement as a testimonial endorsement) from current clients or from other people who, because of their particular circumstances, are vulnerable to undue influence.

4.08 Acknowledging Credit

(a) Social workers should take responsibility and credit, including authorship credit, only for work they have actually performed and to which they have contributed.

(b) Social workers should honestly acknowledge the work of and the contributions made by others.

5. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE SOCIAL WORK PROFESSION

5.01 Integrity of the Profession

(a) Social workers should work toward the maintenance and promotion of high standards of practice.

(b) Social workers should uphold and advance the values, ethics, knowledge, and mission of the profession. Social workers should protect, enhance, and improve the integrity of the profession through appropriate study and research, active discussion, and responsible criticism of the profession.

(c) Social workers should contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the social work profession. These activities may include teaching, research, consultation, service, legislative testimony, presentations in the community, and participation in their professional organizations.

(d) Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences.

(e) Social workers should act to prevent the unauthorized and unqualified practice of social work.

5.02 Evaluation and Research

(a) Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

(b) Social workers should promote and facilitate evaluation and research to contribute to the development of knowledge.

(c) Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice.

(d) Social workers engaged in evaluation or research should carefully consider possible consequences and should follow guidelines developed for the protection of evaluation and research participants. Appropriate institutional review boards should be consulted.

(e) Social workers engaged in evaluation or research should obtain voluntary and written informed consent from participants, when appropriate, without any implied or actual deprivation or penalty for refusal to participate; without undue inducement to participate; and with due regard for participants' wellbeing, privacy, and dignity. Informed consent should include information about the nature, extent, and duration of the participation requested and disclosure of the risks and benefits of participation in the research.

(f) When evaluation or research participants are incapable of giving informed consent, social workers should provide an appropriate explanation to the participants, obtain the participants' assent to the extent they are able, and obtain written consent from an appropriate proxy.

(g) Social workers should never design or conduct evaluation or research that does not use consent procedures, such as certain forms of naturalistic observation and archival research, unless rigorous and responsible review of the research has found it to be justified because of its prospective scientific, educational, or applied value and unless equally effective alternative procedures that do not involve waiver of consent are not feasible.

(h) Social workers should inform participants of their right to withdraw from evaluation and research at any time without penalty.

(i) Social workers should take appropriate steps to ensure that participants in evaluation and research have access to appropriate supportive services.

(j) Social workers engaged in evaluation or research should protect participants from unwarranted physical or mental distress, harm, danger, or deprivation.

(k) Social workers engaged in the evaluation of services should discuss collected information only for professional purposes and only with people professionally concerned with this information.

(l) Social workers engaged in evaluation or research should ensure the anonymity or confidentiality of participants and of the data obtained from them. Social workers should inform participants of any limits of confidentiality, the measures that will be taken to ensure confidentiality, and when any records containing research data will be destroyed.

(m) Social workers who report evaluation and research results should protect participants' confidentiality by omitting identifying information unless proper consent has been obtained authorizing disclosure.

(n) Social workers should report evaluation and research findings accurately. They should not fabricate or falsify results and should take steps to correct any errors later found in published data using standard publication methods.

(o) Social workers engaged in evaluation or research should be alert to and avoid conflicts of interest and dual relationships with participants, should inform participants when a real or potential conflict of interest arises, and should take steps to resolve the issue in a manner that makes participants' interests primary.

(p) Social workers should educate themselves, their students, and their colleagues about responsible research practices.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

6. SOCIAL WORKERS' ETHICAL RESPONSIBILITIES TO THE BROADER SOCIETY

6.01 Social Welfare

Social workers should promote the general welfare of society, from local to global levels, and the development of people, their communities, and their environments. Social workers should advocate for living conditions conducive to the fulfillment of basic human needs and should promote social, economic, political, and cultural values and institutions that are compatible with the realization of social justice.

6.02 Public Participation

Social workers should facilitate informed participation by the public in shaping social policies and institutions.

6.03 Public Emergencies

Social workers should provide appropriate professional services in public emergencies to the greatest extent possible.

6.04 Social and Political Action

(a) Social workers should engage in social and political action that seeks to ensure that all people have equal access to the resources, employment, services, and opportunities they require to meet their basic human needs and to develop fully. Social workers should be aware of the impact of the political arena on practice and should advocate for changes in policy and legislation to improve social conditions in order to meet basic human needs and promote social justice.

(b) Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups.

(c) Social workers should promote conditions that encourage respect for cultural and social diversity within the United States and globally. Social workers should promote policies and practices that demonstrate respect for difference, support the expansion of cultural knowledge and resources, advocate for programs and institutions that demonstrate cultural competence, and promote policies that safeguard the rights of and confirm equity and social justice for all people.

(d) Social workers should act to prevent and eliminate domination of, exploitation of, and discrimination against any person, group, or class on the basis of race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, or mental or physical disability.

ORIGINAL: PERSONNEL FILE
COPY: EMPLOYEE

TESSIE CLEVELAND COMMUNITY SERVICES CORPORATION

CODE OF ORGANIZATONAL CONDUCT

TESSIE CLEVELAND COMMUNITY SERVICES CORPORATION
CODE OF ORGANIZATION CONDUCT

TABLE OF CONTENTS

Purpose 3
Our Mission 3
Our Vision 3
Our Core Values 3
Introduction 4
Objectives 4
Compliance Oversight 5
Employee Responsibilities 5
Questions or Concerns Related to Matters of Compliance 5
Compliance Program Communication and Reporting 6
Non-Retaliation for Good Faith Reporting 6
Summary 6
Principles and Standards Governing Organizational Conduct 7
- Legal Compliance 7
- Business Ethics 8
- Conflict of Interest 8
- Confidentiality 9
- Protection of Assets 9
- Quality 9
- Communication 10
- Research 10
- Prohibition Against Sexual Relations with Clients 101
- Drug and Alcohol Free Workplace 102

APPENDIX A 13

Purpose

Tessie Cleveland Community Services has developed a Code of Organizational conduct in order to convey its dedication and commitment to fostering the highest quality of service delivery in compliance with all laws and regulations governing delivery of and reimbursement for mental health services. The Code of Organizational Conduct expresses the agency's values, principles, standards and expectations that will assist the organization in carrying outs its mission and vision.

Our Mission

To provide stellar social services that are innovative, goal-oriented, measureable and enhances the quality of life to promote self-determination for individuals served.

Our Vision

To become the premier leader in providing innovative human services.

Our Core Values

ADAPTABLE

COMMITMENT

INNOVATIVE

INTEGRITY

TEAM WORK

Introduction

Tessie Cleveland Community Services' operational foundation is comprised of numerous policies and procedures, as well as a Code of Ethics that provide guidance and direction for the provision of quality services to our clients and the community we serve. It is critically important that health care organizations take active steps to support and encourage adherence to the highest ethical and legal standards.

The Department of Health and Human Services, Office of the Inspector General issued recommendations to various components of the health care industry to assist in achieving compliance as a means to eliminate fraud, abuse, and waste in federally funded health care programs. In response to recommendations set forth by the Office of the Inspector General and, after reviewing the code established by the County of Los Angeles Department of Mental Health, Tessie Cleveland Community Services chose to review its organization and develop its Code of Organizational Conduct. This document sets forth principles and standards intended to guide the actions and decision-making process for all employees.

Objectives

It is the intention of Tessie Cleveland Community Services to utilize the Code of Organizational Conduct as a means of orienting new employees to the principles and standards embraced by TCCSC and to serve as a source of ongoing commitment and guidance to existing members of TCCSC. Every employee of TCCSC will be required to certify in writing that they have received a copy of and will abide by the principles and standards set forth in the Code of Organizational Conduct.

The Codes of Organizational Conduct applies to all employees of TCCSC and is a critical component of every employee's job performance. Assuring adherence to the Code of Organizational Conduct by staff is an obligation of each individual with supervisorial responsibilities. Adherence to the highest ethical and legal behavior will not only further TCCSC's ability to effectively carry out its mission, but will serve to maintain and foster a relationship of trust between TCCSC and the clients, family members, and community we serve.

While the code is drafted for TCCSC, we believe the basic principles it articulates should also govern the conduct of person and entities which contract with TCCSC. Accordingly, it is the intention of TCCSC to also use the Code of Organizational Conduct to educate its contractors on TCCSC's expectations regarding the way contractors will conduct their business with TCCSC.

Compliance Oversight

The Administrative Management Committee, Risk Manager, HR/Compliance Officer and Continuous Quality Improvement Committee (CQI) are charged with the oversight, monitoring and operation of the TCCSC compliance program. The Administrative Management Committee is responsible for identifying compliance priorities, coordinating resolution of significant policy issues and recommending approval of policies and procedures. The CQI, Risk Manager and HR are responsible for identifying compliance issues and developing of policies, procedure and practices that support TCCSC compliance goals. The Board of Directors is ultimately responsible for adopting policies and procedures to support compliance with the Code of Organizational Conduct.

Employee Responsibilities

It is the responsibility of each employee to exercise good judgment and behave in a manner that represents the highest standards of professional and personal conduct. In addition to the guiding principles and standards discussed in this document, employees should review and be familiar with all TCCSC policies and procedures and other documents appropriate to their role within the organization, and seek consultation with supervisors or other TCCSC managers regarding issues that are not clear or about which they are uncertain.

Employees are to comply with the Code of Organizational Conduct and all policies, procedures and practices of TCCSC that relate to their employment. Employees are required to report promptly violations of this Code and/or any violations of County, State, Federal or TCCSC policy, procedure, rule, or regulation. Failure to comply with the expectations set forth in this Code or with the qualitative or quantitative elements of employee performance, including reporting violations, will result in the application of sanctions in accordance with applicable laws, regulations, county codes, and TCCSC policy.

Questions or Concerns Related to Matters of Compliance

TCCSC recognizes the critical importance of identifying and appropriately responding to actions or behaviors that are not consistent with the Code of Organizational Conduct, agency policies and procedures, or other codes, rules, regulations, or laws that relate to or govern business and clinical operations. Errors or non-compliant actions or behaviors frequently result from lack of clarity in rules, regulations or procedures. TCCSC believes most questions or concerns related to matters of compliance can be resolved promptly at a supervisory level. Employees are encouraged to contact their immediate supervisor to discuss compliance questions or concerns.

If consultation with an employee's immediate supervisor does not clarify or address the issue raised by the employee, or if the nature of the question or concern directly involves actions or

behaviors of the supervisor, TCCSC has created an alternate means for employee's to raise questions, express concerns or report perceived ethical or legal violations.

Compliance Program Communication and Reporting

In addition to contact with the immediate supervisor, an employee may raise questions regarding compliance or report perceived ethical or legal violations to the Executive Director, Chief Operating Officer, HR/Compliance Officer, or Chair of the Continuous Quality Improvement Committee. Employees may also raise questions or concerns to the Risk Manager or Board of Directors.

Non-Retaliation for Good Faith Reporting

TCCSC prohibits retaliation against anyone who, in good faith, reports something they believe to be: a work-related violation by a TCCSC manager, supervisor or employee of any law or regulation; gross waste of TCCSC funds; gross abuse of authority; a special and substantial danger to public health or safety due to an act or omission of a TCCSC employee; use of TCCSC resources for personal gain; or a conflict of interest.

Summary

The Code of Organizational Conduct specifies and clarifies TCCSC commitments, values and expectations of employees in conducting TCCSC business. In addition, the Code of Organizational Conduct offers employees reference points upon which to focus in carrying out the highest quality of service delivery.

TCCSC, as a public entity, is committed to serving the needs of our community. TCCSC believes that the Code of Organizational Conduct will assist in meeting its goals with the highest integrity and in a manner that is responsive to our employees, clients and their families, and other stakeholders. It affirms the commitment of TCCSC to uphold the highest ethical and legal standards.

Principles and Standards Governing Organizational Conduct

The following principles and associated standards are intended to guide the actions and decision-making processes for all employed by TCCSC. Employees are expected to abide by these principles and standards and conduct business in a manner consistent with the values, principles and standards described in the Code of Organizational Conduct. Employees should be familiar with TCCSC Policy and Procedure Manuals. These resources should be used to clarify specific steps to ensure departmental compliance.

Legal Compliance

TCCSC is committed to conducting all administrative, clinical and/or service activities in an ethical manner complying with all applicable laws, regulations, standards and codes.

Employees are prohibited from making or causing to be made any false or fraudulent statement or representations particularly relating to: benefits under or payment from any federally funded health care program or other third party payor source; time and attendance; and/or mileage claims.

Employees are prohibited from soliciting or receiving payment or other benefit, directly or indirectly, for referring an individual for items or services reimbursable in whole or in part by any federally funded health care program.

Employees are prohibited from soliciting or receiving any payment or benefit in exchange for recommending or arranging for purchase of goods or services for which TCCSC or a federal healthcare program will pay.

Employees are prohibited from engaging in any personal political activity whatsoever during working hours or on TCCSC premises.

TCCSC prohibits harassment in the work place or work-related environment, or in the performance of job duties.

Employees may not be appointed, reduced or removed, favored or discriminated against in employment due to any personal or social characteristic or any other non-merit factor that is not substantially related to successful performance of the employment position.

Business Ethics

TCCSC is committed to conducting business in an honest and ethical manner.

Employees of TCCSC shall demonstrate honesty and integrity in the performance of their duties.

Employees shall avoid misrepresenting or making false statements, or encouraging others to misrepresent or make false statements, to any client, or other persons or stakeholders doing business with or monitoring services by TCCSC.

Employees shall not inappropriately use confidential or other information that belongs to, or is the property of another person or entity, including computer software, publications or other proprietary documents.

Any legal agreement involving TCCSC that includes monetary concerns must comply with this Code of Organizational Conduct and all applicable laws, regulations, codes and agency policies.

Conflict of Interest

TCCSC employees shall not use their position as an employee to profit in any way, or assist others to profit in any way, as a result of their employment by or association with TCCSC.

Employees shall conduct themselves in such a way as to avoid the perception of or actual situations involving conflict of interest.

It is the responsibility of the employee to disclose and report all potential conflict of interest situations and to consult with the appropriate supervisor regarding procedures to follow in situations where potential or actual conflict of interest may exist.

Confidentiality

TCCSC employees shall maintain the confidentiality of client and employee information in accordance with all applicable laws, regulations, county codes, and agency policies.

TCCSC employees are required to safeguard all forms of confidential information and take appropriate steps to prevent any unauthorized disclosure.

Confidential client information includes any information held by TCCSC and was originally obtained by any individual or entity in the course of providing services to an individual, whether oral or recorded in any form or medium.

Confidential employee information includes any information related to the hiring and employment of individuals, such as information contained in personnel files, payroll information, disciplinary actions and similar information.

Protection of Assets

TCCSC employees shall safeguard agency assets, including revenues, property, and other TCCSC resources.

Reports and documents relating to billing, claims for services, employee time sheets, mileage or other financially related data shall be compiled in an accurate and non-misleading manner.

TCCSC employees shall utilize agency assets, property, and resources in a prudent and effective manner.

Quality

TCCSC is committed to providing the highest quality of care by operating a comprehensive program of continuous quality improvement.

Employees are responsible for maintaining the highest standards of professional competence within their scope of responsibilities and quality services.

TCCSC will provide appropriate and effective clinical services that are medically necessary, client focused, family centered, in the least restrictive manner possible, and at a time and location most convenient and effective for the client and/or caregiver.

TCCSC will maintain an effective quality improvement program that examines all areas of the agency.

TCCSC will provide effective planning and program administration, including ongoing training opportunities, so that all employees are provided an avenue to improve the efficiency and effectiveness of their employment responsibilities.

Communication

TCCSC will provide information regarding laws, regulations, codes, standards and expectations to its employees and stakeholders and facilitate the exchange of information from all levels of staff and stakeholders.

TCCSC will provide current information to our employees, contractors, clients and family members regarding rules, regulations, rights and obligations that govern their participation in the TCCSC system of service delivery.

Employees should seek advice from their supervisors regarding issues about which they are unclear, such as job responsibilities, interpretation of policy and procedures, or ethical dilemmas.

TCCSC maintains an open door policy. Employees may contact the Executive Director or Chief Operating Officer, either informally or formally, to clarify questions or concerns related to ethical, legal or policy matters.

TCCSC complies with IRS regulations which prohibits retaliation against any employee who, in good faith, reports something they believe to be: a work-related violation of any law or regulation by an employee; gross waste of TCCSC funds; gross abuse of authority; a specific and substantial danger to public health or safety due to an act or omission of an employee; use of position or agency resources for personal gain; or a conflict of interest.

Research

It is the policy of TCCSC that any research conducted by or on behalf of the agency shall meet the highest clinical and ethical standards.

The Board of Directors review all proposed research projects and approves only those that adhere to the highest clinical and ethical standards. In accordance with the Belmont Reports, the Board upholds the following principles:

a. Respect – all participation in research is voluntary and will only occur following informed consent. Pressure or coercion of any sort will not be tolerated.

b. Beneficence – the well being of our clients is paramount. Subjects of research will not be intentionally harmed, nor will their involvement in research compromise the delivery of the highest quality care. Research will be directed at maximizing possible benefits. Every effort will be made to monitor and minimize any potential risks.
c. Justice – the burdens and benefits of research must be distributed fairly. No one should be exposed to risk if there is no potential for him or her to benefit. Individuals with mental illness must not carry the burdens of research for society at large.

Prohibition Against Sexual Relations with Clients

It is TCCSC policy that prohibitions apply to sexual relations with clients as follows:

a. Social workers should under no circumstances engage in sexual activities or sexual contact with current clients, whether such contact is consensual or forced.

b. Social workers should not engage in sexual activities or sexual contact with clients' relatives or other individuals with whom clients maintain a close personal relationship when there is a risk of exploitation or potential harm to the client. Sexual activity or sexual contact with clients' relatives or other individuals with whom clients maintain a personal relationship has the potential to be harmful to the client and may make it difficult for the social worker and client to maintain appropriate professional boundaries. Social workers—not their clients, their clients' relatives, or other individuals with whom the client maintains a personal relationship—assume the full burden for setting clear, appropriate, and culturally sensitive boundaries.

c. Social workers should not engage in sexual activities or sexual contact with former clients because of the potential for harm to the client. If social workers engage in conduct contrary to this prohibition or claim that an exception to this prohibition is warranted because of extraordinary circumstances, it is social workers—not their clients—who assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

d. Social workers should not provide clinical services to individuals with whom they have had a prior sexual relationship. Providing clinical services to a former sexual partner has the potential to be harmful to the individual and is likely to make it difficult for the social worker and individual to maintain appropriate professional boundaries.

Drug and Alcohol Free Workplace

Safety is to be given primary importance in every aspect of planning and performance of all TCCSC activities. Accordingly, the following prohibitions against the use of drugs and alcohol as such use pertains to the workplace:

Alcohol and drug use constitutes a serious threat to our goal of providing a safe and productive workplace for all employees and an environment that supports quality client care. It is a violation of TCCSC policy for employees to use, sell, dispense or be under the influence of drugs or alcohol while on employer's property, during working hours and/or while attending to company business. This includes during the unpaid lunch hour. TCCSC reserves the right to modify this policy at any time.

TCCSC is a drug free workplace and conducts drug and alcohol testing of all potential employees, performed by qualified laboratories in confidence. Employees serving clients and/or driving company vehicles and/or driving their own vehicle to conduct company business are subject to random and/or reasonable-suspicion drug testing. Employees involved in an accident while on company time will be subject to drug and/or alcohol testing. Any positive results or refusal of drug and/or alcohol testing will be basis of consideration for termination of employment.

APPENDIX A

TCCSC Administrative Policy Manual

TCCSC Administrative Policy manual provides information, guidelines and standardization in all operational areas. The Manual covers Board of Director, General, Human Resources, Finance, Payroll, Continuous Quality Improvement, Services Environment, Risk Management, and Training policies and procedures. Employees will receive a copy of and review this manual during orientation. An on-line version is available on the TCCSC web-site, employee section.

TCCSC Clinical Services

TCCSC Clinical Services manual is to provide information, guidelines and standardization for clinical service delivery.

TESSIE CLEVELAND COMMUNITY SERVICES CORPORATION

INTERNAL CONTROLS HANDBOOK

Revised March, 2019

TABLE OF CONTENTS

1. Accounting and Financial Reporting

a. FINANCIAL REPORTING SYSTEM p. 4
b. BASIS OF ACCOUNTING p. 4
i. Accrual Based Accounting p. 4
c. ACCOUNTING SYSTEM p. 4
i. Double Entry Accounting System p. 4
ii. Approvals p. 4
iii. Reconciliation p. 4
iv. General Journal p. 4
v. Cash Receipts Journal p. 4
vi. Cash Disbursements p. 4
vii. General Ledger p. 5
viii. Chart of Accounts p. 5
ix. Payroll Register p. 5
x. System Oversight and Management p. 5
xi. Invoices to Funding Sources p. 5
d. RECORDS p. 5
i. Safeguards p. 5
ii. Data Confidentiality p. 5
iii. Destruction of Records p. 5
iv Retention p. 5
v. Supporting Documentation p. 5
1. Revenues and Expenditures p. 5
2. Payroll p. 5
3. Consultant Services p. 6
4. Travel p. 6
5. Operating Expenses p. 6
6. Outside Meals p. 6
v. Payments to Affiliated Organization or Persons p. 6
vi. Filing p. 7
vii. Referencing p. 7
e. DONATIONS AND OTHER SOURCES OF REVENUE p. 7
f. AUDITS p. 7
g. SUBCONTRACTS p. 7

2. Internal Controls p. 7
a. SAFEGUARDS p. 7
b. WRITTEN POLICIES p. 7
c. DOCUMENTATION p. 7
d. CASH RECEIPTS p. 7
i. Stable Revenue Sources p. 7
ii. Separate Fund or Cost Center p. 7
iii. Deposits p. 8
iv. Approvals and Separation of Duties p. 8
v. Bank Reconciliation p. 8
vi. Under/Over Billing Safeguards p. 8
e. DISBURSEMENTS p. 8
i. General p. 8
ii. Approvals and Separation of Duties p. 8
iii. Petty Cash p. 9

iv. Credit Cards p. 9

f. TIMEKEEPING p. 9
i. Timecards p. 9
ii. Personnel and Payroll Practices p. 9
1. Compliance with Applicable Laws p. 9
2. Security p. 9
3. Content p. 9
4. Benefit Balances p. 9
5. Limitations on Positions and Salaries p. 10
6. Separation of Duties p. 10
7. Reconciliation p. 10
g. FIXED AND HIGHLY PORTABLE ASSETS p. 10
i. Definition p. 10
ii. Acquisition Cost p. 10
iii. Acquisition p. 10
iv. Identification and Inventory p. 10
v. Security p. 10
vi. Property Management p. 11
h. BONDING p. 11

3. Cost Principles p. 11
a. CONTRACT FUNDING SOURCE POLICY STATEMENT p. 11
i. Contract Intent p. 11
ii. Eligible Expenses p. 11
iii. Limitations on Expenditures of Program Funds p. 11
iv. Expenses Incurred Outside the Agreement Period p. 11
v. Budget Limitation p. 11
vi. Unspent Funds p. 11
vii. Necessary, Proper and Reasonable p. 11
b. ALLOCATION OF COST POOLS p. 11
i. Equity p. 11
ii. Definition p. 11
iii. Documentation p. 11
iv. Allocated Costs Maximum p. 11
v. Direct Costs p. 12
vi. Indirect Costs p. 12
vii. Acceptable Indirect Cost Allocation Methods p. 12
1. Description p. 12
2. Simplified Allocation Method p. 12
3. Direct Allocation Method p. 12
4. Multiple Base Allocation Method p. 13
5. Cost Allocation Plan p. 13
6. Negotiated Indirect Cost Rates p. 13
7. TCCSC Allocation Method p. 13

4. Unallowable Costs p. 13
5. Overpayments p. 13
6. Miscellaneous Requirements p. 13
a. INSURANCE p. 13
b. ACTIVITY p. 14

The following practices are observed for general, systems, contract accounting and internal controls:

1. Accounting and Financial Reporting
    a. FINANCIAL REPORTING SYSTEM
        i. Financial Reporting System provides:
            1. Understandable information useful in making business, economic, and future financial planning decisions.
            2. Information necessary to predicting cash flows.
            3. Data on TCCSC claims and circumstances that affect claims.
    b. BASIS OF ACCOUNTING
        i. Accrual Based Accounting
            1. Revenue is recorded in the accounting period in which service is performed.
            2. Expenditures are recorded in the accounting period in which the liability is incurred.
            3. Only accruals where cash will be disbursed within six month of the accrual are recorded.
            4. Recorded accruals are reversed in the subsequent accounting period.
            5. Prepaid expenses are expensed during the year goods or services are received.
    c. ACCOUNTING SYSTEM
        i. Double Entry Accounting System
            1. A double entry, debits and credits, accounting system is utilized that contains a General Journal, Cash Receipts Journal, General Ledger, and Cash Disbursements Journal.
        ii. Postings to the Ledgers and Journals are approved by the COO and are made, at a minimum of, monthly.
        iii. Reconciliation of the sub-ledgers to the General Ledger occurs routinely.
        iv. General Journal
            1. The General Journal is maintained for recording adjusting entries, reversing entries, closing entries, and other non-routine financial transactions.
            2. Entries in the General Journal are documented and entered into the accounting system, in chronological order, with explanatory notations and approval.
        v. Cash Receipts Journal
            1. The Cash Receipts Journal is maintained for recording routine cash receipts.
            2. The Cash Receipts Journal contains the following columnar headings: Date, Receipt Number, Cash Debits, Income Credits, and Description.
            3. Supporting documentation for receipts is retained in file.
        vi. Cash Disbursements
            1. The Check Register is maintained for recording all cash disbursements.
            2. The Check Register contains the following columnar headings: Date, Check Number, Cash Credit, Expenses Account Name, and Description.
            3. With the exception of payroll, mileage, travel, petty cash custodian, and authorized expense reimbursement; checks are not written to employees.
            4. Supporting documentation for disbursements is retained in file.

vii. General Ledger
1. The General Ledger is maintained for all accounts.
2. Separate cost centers are maintained for each TCCSC contracted funding sources expenses and revenues.

viii. Chart of Accounts
1, The Chart of Accounts is maintained with appropriate account titles subsequently displaying on invoices/reports..
2. Expenses of a similar nature are consistently posted to the same accounts.

ix. Payroll Register
1. A Payroll Register is maintained for recording: Name, Position, Social Security Number, tax methodology, and Salary/Wages.
2. The Payroll Record includes: Payroll Period, Gross Pay, Itemized Payroll Deductions, Net Pay Amount, and Check Number.

x. System Oversight and Management
1. Agency executive management provides system oversight.
2. System Users receive initial and ongoing training on system use.
3. System provides and facilitates an audit trail for use in management.
4. Access is granted upon management approval, double-level passwords and/or smart cards, permissible access times and, in certain key systems, with encryption.

xi. Invoices to Funding Sources
1. As applicable, TCCSC provides invoices prepared in the contract-prescribed manner.
2. DMH contract allows advance payments for up to 5 months. A request is submitted to DMH monthly from July to November in accordance with contract guidelines.

d. RECORDS

i. Accounting records and supporting documentation are secured in locked file cabinets, within a locked office with access granted by the COO.

ii. Data confidentiality is protected and the agency complies with Health Insurance Portability and Accountability Act (HIPAA.)

iii. Destruction or theft of the TCCSC contract funding sources records or documentation would be reported to the contract funding source immediately.

iv. Retention
1. All accounting records, financial records, and supporting documents are retained in accordance with contract terms, Internal Revenue Service (IRS), and other regulatory requirements for ten (10) years, whichever is greater.

v. Supporting Documentation
1. All revenues and expenditures are supported by original vouchers, invoices, receipts and/or cancelled checks.
2. Payroll
a. Valid payroll supporting documentation includes: time and attendance records signed by the employee and approved in writing by the supervisor; time distribution records by program accounting for total work time on a daily basis for employees working for more than one program; records showing actual expenditures for Social Security and unemployment insurance; State and Federal quarterly tax returns; Federal W-2 and W-4 forms.

3. Consultant Services
    a. Valid Consultant Services supporting documentation includes: contracts; time and attendance records; billing rates; travel vouchers detailing purpose, time and location of travel; purchase orders and supplies and invoices; or, other supporting documentation detailing the nature of services provided.
4. Travel
    a. Valid Travel supporting documentation includes: TCCSC travel authorization; travel expense vouchers showing location, date and time of travel; purpose of trip; rates claimed; vehicle mileage logs showing dates, destination and headquarters; purpose of trip; and, mileage.
    b. Travel related to conferences includes conference literature detailing purpose of the conference.
    c. Reimbursement rates paid by TCCSC for travel related mileage do not exceed applicable Federal or contractual guidelines.
    d. Reimbursement paid by TCCSC meals will be actual receipt amount or federal allowable per diem rates for meal not exceed the maximum contract funding source's reimbursement rate.
    e. Receipts are required for lodging for approved out-of-town travel dates. Maximum TCCSC will reimburse for lodging is the maximum contract funding sources reimbursement rate, not to exceed the federal rate, for employees for a single occupancy hotel accommodation.
5. Operating Expenses
    a. Operating Expenses supporting documentation includes: legitimate contracts or lease agreements and invoices and receipts detailing the cost and items purchased .
6. Outside Meals
    a. Outside Meals supporting documentation include: receipts and/or invoices for all meals; a record of the nature and purpose of each meal; and, identification of the participants. The per diem for meals does not exceed the Federal guidelines.

v. Payments to Affiliated Organization or Persons
1. TCCSC does not make payments to affiliated organizations or persons for program expenses that exceed the lower of actual cost, or the reasonable cost, for such expenses. A reasonable cost is the price that would be paid by one party to another when the parties are dealing at arm's length (fair market price.)
2. Organizations or persons related to TCCSC or its employees by blood, marriage, or through legal organization are considered affiliated by the contract funding sources. The contract funding sources are solely responsible to determine affiliation unless otherwise allowed and approved by the State of Federal agencies.

vi. Filing
1. All relevant supporting documentation for reported program expenditures and revenues are filed as follows:
    a. Checks – numerically
    b. Invoices – vendor name and date
    c. Vouchers – numerically
    d. Receipts – chronologically

e. Timecards – pay period and alphabetically

vii. Referencing

1. Accounting transactions are cross-referenced to supporting documentation as follows;
   a. Invoices – vendor name and date
   b. Checks – number
   c. Vouchers – number
   d. Revenue – receipt number
2. Supporting documentation for non-payroll expenditures are cross-referenced to the corresponding check issued for payment.

e. DONATIONS AND OTHER SOURCES OF REVENUE

i. Restricted donations and other sources of revenue earmarked specifically for the contract funding sources are utilized on allowable contract expenditures.

f. AUDITS

i. TCCSC makes available for inspection and audit to contract funding sources representatives, upon request and during the contract duration and for five years thereafter, all of the books and records relating to the operation. The books and records are maintained within the County of contract funding source.

ii. Single Audit Requirements

1. Annual audits are required by OMB Circular 133 Audits of State, Local Governments and Non-profit Organizations.
2. A copy of any Single Audit report is filed with the County of contract funding source.

g. SUBCONTRACTS

i. TCCSC does not subcontract services without the prior written consent of the contract funding source.

ii. TCCSC provides contract funding sources with copies of all executed subcontracts and will be responsible for the performance of subcontractors.

2. <u>Internal Controls</u>

a. Internal controls safeguard assets from misappropriations, misstatements, misuse, and over-under billing. The Board of Directors and management evaluate the agency's financial capabilities, risks, and resources and take appropriate actions.

b. TCCSC prepares and maintains written policy/practices/procedures establishing internal controls.

c. TCCSC instructs personnel in internal controls documentation and monitors operations to ensure compliance.

d. CASH RECEIPTS

i. TCCSC pursues stable, predictable sources of revenue through diversification and balance in funding streams consistent with the mission, programs and strategic plan.

ii. Separate Fund or Cost Center

1. All contract revenues are maintained in a bank account. Separate cost centers/accounts are maintained to ensure integrity of funding sources.

iii. Deposits
1. All checks are restrictively endorsed upon receipt.
2. Cash received is recorded on pre-numbered receipts.
3. Checks are recorded on a check remittance log at the time of receipt.
4. Receipts totaling $500 or more are deposited within one business day of receipt. Receipts of less than $500 are deposited within one week of receipt.
5. Duplicate deposit slips are retained and filed chronologically, and contain sufficient reference information for comparison to the Cash Receipts Journal.

iv. Approvals and Separation of Duties
1. The COO approves receipts and an employee, who does not handle cash, posts all cash receipts.

v. Bank Reconciliation
1. Bank statements are received and reconciled to the Journals/Ledgers by a staff member with no cash handling, check writing, or bookkeeping functions.

vi. Under/Over Billing Safeguards
1. Electronic submission of events triggering billing by client service personnel are reviewed and released daily by supervisors.
2. Reports itemizing any denials of billing are resolved with timely appeals and open communication with contract agencies.

e. DISBURSEMENTS

i. General
1. All disbursements for expenditures, other than petty cash, are made by check.
2. Blank check stock is secured in the COO office and accounted for to preclude unauthorized use.
3. Checks are not made payable to CASH or signed in advance.
4. Reimbursement for out-of-pocket costs an employee incurs is approved prior to issuance of a check or petty cash and is supported by receipts and invoices.
5. A second signature is provided on each check.
6. Voided checks are marked VOID with the signature block cut out. The voided checks are filed with the cancelled checks.
7. Cancelled checks are marked CANCELLED with the signature block cut out. They are filed with voided checks.
8. Unclaimed or undelivered checks are cancelled periodically.
9. All supporting documentation is referenced to check numbers and marked PAID.
10. Disbursements without adequate documentation are disallowed on audit.
11. Agency makes timely payment to the following tax authorities: the Internal Revenue Service; State and local tax authorities; Employment tax bodies; FICA; and, Property Tax Assessors.

ii. Approvals and Separation of Duties
1. Employees responsible for approving cash disbursement and/or signing of checks examine all supporting documentation at the time the checks are approved and signed.
2. All disbursements, excluding petty cash purchases, are approved by persons independent of check preparation and bookkeeping activities.

iii. Petty Cash
1. A petty cash fund up to $500 is maintained for payment of small incidental expenses. Petty cash funds in excess of $500 are approved by the contract funding source.
2. Petty cash disbursements are supported by invoices, store receipts or other external authenticating documents indicating the item purchased and the employee making the purchase. In the event that external supporting documentation is not obtainable for minor disbursement, under $10, proper supporting documentation will be considered on the basis of reasonableness.
3. The petty cash fund is maintained on an imprest basis. A check is drawn to set up the fund and to make periodic reimbursements. Receipts, vouchers and supporting documentation are bound together, filed chronologically and cross-referenced to the reimbursement check.

iv. Credit Cards
1. Use of credit cards is limited to purchases where normal purchasing and disbursement practices are not suitable.
2. Credit cards are adequately protected and usage monitored to ensure that only authorized and necessary items are purchased.
3. Credit card purchases are pre-approved by management to ensure that the purchase is reasonable and necessary.
4. Credit card disbursements are supported by original invoices, store receipts or external authenticating documents indicating the item purchased and the employee making the purchase. Credit card statements are not sufficient support for credit card purchases.

f. TIMEKEEPING

i. Timecards
1. Timecards or time reports are prepared for each time period. Timecards/reports indicate total hours worked each day by program and total hours charged to each program. Time estimates do not qualify as support for payroll expenditures and are disallowed on audit.
2. Timecards/reports are signed in ink by the employee and the employee's supervisor to certify the accuracy of the time reported.
3. Any time change made to an employee's timesheet, by a supervisor or Payroll, due to an error by the employee, is documented on the timesheet, with written notification (which may include e-mail with confirmation of receipt) to the employee substantiating the change.

ii. Personnel and Payroll Practices
1. Personnel and Payroll practices comply with Federal and State wage and hour laws, County code, and contract funding source regulations.
2. Adequate security is maintained over personnel and payroll records with access restricted to authorized individuals.
3. Personnel and payroll records include, but are not limited to, the following: employee's authorized salary rate; employee information sheet; resume and/or application; original or notarized proof of qualifications for the position; performance evaluations; criminal record clearance; citizenship status; and, benefit balances.
4. Benefit Balances
a. Benefit balances are maintained at a minimum of monthly. Time accrual balances are increased when hours are earned and decreased as hours are used.

5. Limitations on Positions and Salaries
    a. TCCSC pays no salaries higher than those authorized in the contracts of funding sources except as proscribed by State or Federal law.
    b. TCCSC employees do not charge more that 100% time to a contract or combination of contracts.
    c. Salaried employees, who work less than 40 hours per week, are paid in accordance with TCCSC labor practices.
    d. The salary expense of salaried employees, working on more than one agreement or in more than one program, are allocated based on the ratio of the number of hours worked on each program/agreement during the pay period to the total number of hours worked during the pay period.
    e. TCCSC makes no retroactive salary adjustment for any employee without written approval from the contract funding agency.
6. Separation of Duties
    a. Payroll checks are not distributed by persons involved in timekeeping, preparing of payroll, or reconciling bank accounts.
    b. All employee hires and terminations, or pay rate changes, are approved in writing by authorized persons independent of payroll functions.
7. Reconciliation
    a. The agency assures annual reconciliation of gross pay, FICA withheld, and employee FICA with Federal W2 Forms.

g. FIXED AND HIGHLY PORTABLE ASSETS

i. A fixed/significant asset is an article of non-expendable, tangible, personal property having a useful life of three or more years. TCCSC observes the OMB guideline of an acquisition cost of $5000 or more per unit being capitalized. Highly portable assets, such as computers and mobile phones, are strictly managed.

ii. Acquisition cost is the net invoice unit price of an item, including the cost of any modifications, attachment, accessories, or auxiliary apparatus necessary make the asset usable for the purpose for which acquired.

iii. Acquisition
1. Fixed asset purchases are approved by TCCSC Board of Directors or authorized representative. Highly portable assets acquisition is approved by the Executive Director.

iv. Identification and Inventory
1. All fixed and highly portable assets purchased with contract funding source funds are used solely for the benefit of the contract and are identified accordingly.
2. TCCSC maintains a current listing of fixed and highly portable assets, including the item description, serial number, date of purchase, acquisition cost and sources of funding.
3. An inventory of all fixed and highly portable assets is conducted at least once each year to ensure that all such assets are accounted for and maintained in proper working order.

v. Security
1. Physical security is adequately maintained over fixed assets to prevent misuse and theft of contract funding source property.

vi. Property Management
1. TCCSC assumes responsibility and accountability for the maintenance of all non-expendable property purchased, leased, or rented with contract funding source funds.
2. TCCSC reports promptly, in writing, to the contract funding source, all cases of theft, loss, damage, or destruction of fixed assets. The report contains, at a minimum, item identification, recorded value, facts relating to loss, and a copy of the law enforcement report.
3. TCCSC disposes of, or returns, to the contract funding source all fixed assets in accordance with the contract.

h. BONDING
i. All officers, employees, and agents handling cash, or having access to funds, are bonded.

3. Cost Principles
a. CONTRACT FUNDING SOURCE POLICY
i. The contract funding source provides funds for the purpose of TCCSC providing services as required by the contract.
ii. TCCSC uses these funds on actual expenses in an economical and efficient manner and ensures the reasonable, proper and necessary costs of providing services are allowable in accordance with the applicable OMB circular.
iii. Limitations on Expenditures of Program Funds
1. TCCSC complies with the contract and the OMB circular defining direct and indirect costs, discussing allowable cost allocation procedures and the development of Indirect Cost Rates, and specifically addressing the acceptance of a variety of different costs.
2. TCCSC requests advance approval from the contract funding source when uncertain of cost acceptance.
iv. Expenses Incurred Outside the Agreement Period
1. Expenses charged against contract funding source funds are not incurred prior to the effective date of the contract or subsequent to the contract termination date.
v. Budget Limitation
1. Expenses do not exceed the maximum limits of the contract budget.
vi. Unspent Funds
1. The contract terms will determine the disposition of unspent program funds upon termination of the contract.
vii. Necessary, Proper and Reasonable
1. Only those expenditures that are necessary, proper and reasonable to carry out the purposes and activities of the programs are allowable.

b. ALLOCATION OF COST POOLS
i. TCCSC allocates expenditures that benefit programs or contract funding sources on an equitable basis.
ii. In accordance with the applicable OMB circular, TCCSC defines allocable costs as either direct or indirect costs and allocates each cost using the basis most appropriate and feasible.
iii. TCCSC maintains documentation related to the allocation of expenses. Example of this documentation includes but is not limited to: timecards, time summaries, square footage measurements, and number of employees.
iv. No allocated costs are charged to an extent greater than 100% of actual costs and the same cost is not charged both directly and indirectly.

v. Direct Costs
   1. Direct costs are those costs that are identified specifically with a particular final cost objective. Examples of these cost objectives are: a particular program, service, and other direct activity of an organization.
   2. Employees', other than general and administrative, hours spent on each program or activity, are recorded on employees' timecards and the payroll expense is treated as direct charges and distributed on the bases of recorded hours spent on each program.
   3. Joint costs, costs that benefit more than one program or activity, are distributed in reasonable proportion to the benefits received, are treated as direct costs.
   4. The following are legitimate bases for allocating joint costs: number of direct hours spent on each program; number of employees in each program; square footage occupied by each program; and specific other equitable methods of allocation.

vi. Indirect Costs
   1. Indirect costs are costs that have been incurred for common or joint objectives, and cannot be readily identified with a particular final cost objective. Examples of indirect costs include: salaries; employee benefits; supplies; other costs related to general administration of the organization; depreciation and use allowance; and, the salaries and expenses of executive officers, personnel administration, and accounting.
   2. Following are examples of legitimate bases for allocating indirect costs: total direct salaries and wages and total direct costs, not including capital expenditures and other cost distorting items such as subcontractor payments.

vii. Acceptable Indirect Cost Allocation Methods
   1. OMB Circulars describe the following allowable methods for allocating indirect costs: simplified allocation method; direct allocation method; multiple allocation base method; and, negotiated indirect cost rate.
   2. Simplified Allocation Method
      a. The simplified allocation method is used when the organization's major functions benefit from indirect costs to approximately the same degree. Using this method, all allocable costs are consider indirect costs and an indirect cost rate is determined by dividing total allowable indirect costs by an equitable distribution base.
   3. Direct Allocation Method
      a. The direct allocation method is also used when the organization's major functions benefit from indirect costs to approximately the same degree. Using this method, all costs, except general administration and general expenses, are treated as direct cost.
      b. Joint costs for depreciation, rental, facilities maintenance, telephone, and other similar expenses are prorated individually to each direct activity on a basis appropriate for that type of cost.
      c. Remaining costs, which consist exclusively of general administration and general expenses, are then allocated using the simplified allocation method.

4. Multiple Base Allocation Method
    a. The multiple base allocation method is used when an organization's major functions benefit from indirect costs in varying degrees. Using this method, indirect costs are grouped to permit allocation of each grouping on the bases of the benefits provided to the major function. Each grouping is then allocated individually using the basis most appropriate for the grouping being allocated.
5. Cost Allocation Plan
    a. When the local agency has a negotiated indirect cost rate approved by a federal agency, the local agency submits a copy of the approval letter when requested by the contract funding agency.
    b. Then the local agency does not have a negotiated indirect cost rate, the local agency submits an annual Cost Allocation Plan when requested by the contract funding sources. The Cost Allocation Plan is prepared in accordance the contract funding source instruction and the applicable OMB Circular. The plan includes; the local agency basis of accounting; fiscal year; method for allocating indirect costs; indirect cost rate allocation base; the direct and indirect costs by category with a description of the cost allocation method for each category; and, the signature of the local agency management certifying the accuracy of the plan.
6. Negotiated Indirect Cost Rates
    a. Agencies have the option of negotiating an indirect cost rate or rates for use on all Federal programs. The agency submits a cost allocation plan to the funding federal agency and the approved indirect cost rate is then applied to the total approved direct cost base. When the local agency has a federally approved indirect cost rate, the agency will submit a copy of the approval letter to the local contract funding source.
7. TCCSC employs the Direct Allocation Method for cost distribution to programs.

4. Unallowable Costs
    a. The contract funding source does not allow the following costs under any circumstances: bad debts; contingency provisions; contributions and donations; fines and penalties; fundraising activities; interest expense (unless expressly allowed by Federal guidelines; and, losses on other awards.)
5. Overpayments

Upon audit, or at any time during the contract year, the contract funding source determines that invoices submitted to the contract funding source and used as the basis for payment to the local agency were inaccurate, the contract funding source shall determine the overpayment amount and request repayment from the local agency. The funding source may withhold future payments for amounts not returned to the contract funding source. This may occur unless prohibited by State or federal regulations.

6. Miscellaneous Requirements
    a. INSURANCE

TCCSC is responsible for securing and maintaining insurance coverage as required by the contract and will notify the contract funding source when insurance is revoked, reduced to a level or coverage less than required, or otherwise made ineffective. TCCSC insurance includes an endorsement naming the contract funding source as an additional insured.

b. ACTIVITY
No funds, materials, property or services contributed by the contract funding source, or TCCSC, are used in the performance of any political activity or the election or defeat of any candidate for public office.